

## HEALTH SERVICES RESEARCH, HEALTH STATISTICS, AND MEDICAL LIBRARIES ACT OF 1974

JANUARY 21, 1974.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. STAGGERS, from the Committee on Interstate and Foreign Commerce, submitted the following

### REPORT

[To accompany H.R. 11385]

The Committee on Interstate and Foreign Commerce, to whom was referred the bill (H.R. 11385) to amend the Public Health Service Act to revise the programs of health services research and to extend the program of assistance for medical libraries, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments are as follows:

Page 1, strike out line 5 and insert in lieu thereof "Act of 1974".

Page 2, line 4, strike out "1973" and insert in lieu thereof "1974".

Page 22, strike out lines 4 and 5 and insert in lieu thereof the following:

(b)(1) The first and second sentences of section 395(a) are repealed; and the third sentence of such section is amended by

Page 22, strike out lines 10 and 11 and insert in lieu thereof the following:

(2) The first and second sentences of section 395(b) are repealed; and the third sentence of such section is amended (A) by

Page 22, line 13, strike out "to make" and insert in lieu thereof "in making".

Page 23, strike out lines 13 and 14 and insert in lieu thereof the following:

(e) The first and second sentences of section 398(a) are repealed; and the third sentence of such section is amended by strik-

Page 29, line 5, insert "wherever it appears" before "and".

Page 31, insert after line 10 the following:

(d) Section 310 is transferred to part B of title III, is redesignated section 319, and is inserted after section 318.

Page 31, line 11, strike out "(d)" and insert in lieu thereof "(e)".

Page 31, line 16, strike out "(e)" and insert in lieu thereof "(f)".

### SUMMARY OF LEGISLATION

H.R. 11385, the Health Services Research, Health Statistics, and Medical Libraries Act of 1974, provides completely revised authority to HEW for health services research (research on how health services are provided, as contrasted with research on particular diseases), and health statistical activities to replace authorities expiring at the end of fiscal year 1974. It also extends the authority for assistance to medical libraries, which expires at the same time, with modest revisions consolidating the authorizations of appropriations and repealing the no longer used construction authority.

### LEGISLATIVE HISTORY

Specific authority for health services research was first enacted in 1967 (P.L. 90-174), for health statistics in 1902 (P.L. 57-27), and for assistance to medical libraries in 1965 (P.L. 89-291). Each of these authorities has since been revised, added to and extended on several occasions and each has resulted in effective an important Federal programs which have led the Committee to again recommend the extension of their expiring legislative authorities.

Hearings were held on H.R. 7274, a bill similar to H.R. 11385, on May 10, 11 and 14, 1973, by the Subcommittee on Public Health and Environment at which all witnesses were generally supportive of the legislation although many specific suggestions for revisions were offered. After full consideration in open executive session, during which many of the suggestions offered were incorporated into the legislation, H.R. 11385 was introduced as a clean bill reflecting the revision of H.R. 7274 and ordered reported by unanimous voice vote. It was subsequently considered by the Interstate and Foreign Commerce Committee and ordered reported by voice vote on January 21, 1974.

Legislation with similar purpose but quite different provisions passed the Senate on May 15, 1973, S. 723, the National Institute of Health Care Delivery Act of 1973.

### COST OF LEGISLATION

H.R. 11385 provides authorization for programs of health services research, health statistics and assistance to medical libraries as shown in the following table:

TABLE I.—NEW OBLIGATIONAL AUTHORITY FOR FISCAL YEARS 1974-76 UNDER H.R. 11385

[In millions of dollars]

	Fiscal year—			Total
	1974	1975	1976	
Health services research (sec. 306 (i)(1)).....	60.5	65.2	-----	125.7
Health statistics (sec. 306(i)(2)).....	25.0	30.0	-----	55.0
Medical libraries (sec. 390(c)).....	15.0	17.5	20	52.5
Total.....	100.5	112.7	20	233.2



## BACKGROUND

*Health Services Research, Evaluation and Demonstrations*

Health services research, evaluations, and demonstrations denote research activities concerned with making biomedical knowledge available for treatment, control, and elimination of disease in the most effective and efficient manner, rather than research concerned with the development of biomedical knowledge. Thus, health services research and biomedical research are complimentary activities. The latter develops knowledge on how we can keep ourselves healthy. The former studies how we can most effectively use and apply that knowledge.

Health services have grown to be a major national enterprise. They are the country's third largest industry, employing about 4 million people. National expenditures for health care are now greater than those for education. In 1971, they exceeded \$70 billion, in 1972 they exceeded \$80 billion, and in 1973 they topped \$90 billion. There is a growing consensus that all is not well with these health services and the nation as a whole is not spending its money as wisely, equitably, effectively, and efficiently as may be possible. If this situation is to be improved, it is the Committee's belief that a strong commitment to health services research designed to make possible better use of our dollars in the provision of health services is necessary. There is little prospect of realizing the national goals embodied in the President's health message of 1971 and in current Congressional and administration proposals unless a substantial effort is made to expand our basic knowledge about health care providers and consumers, and to develop, test and evaluate new approaches to health care.

Health services research can assist in answering a variety of fundamental questions commonly asked about our health system. Thus:

What are optimal methods for projecting the costs of national health insurance? How should health insurance be regulated?

What is meant by "quality of care"? How can outcomes or end results of health care be measured for individual patients, hospitals, doctors, and administrators? What standards should be employed and who should establish and enforce them?

How much and in what ways does health education modify personal health behavior and the need for and use of health services?

What organizational arrangements will best assure our citizens prompt access to health care which they find both acceptable and affordable?

How should actual costs, charges, and services rendered to patients and the results of those services in terms of the patients' health be linked so that meaningful cost-benefit analysis can be conducted?

What incentives will prove effective in improving the geographic and specialty distribution of health manpower? How can health manpower be made maximally productive?

What technological innovations are cost effective and can be widely used in the provision of health services?

These are the kinds of issues to which health services research may be directed and for which answers are needed if new legislative initiatives in health care are to prove effective.

While health services research to date has not been a remarkably successful undertaking because of a lack of funds and trained professionals capable of doing research, several very impressive examples of the potential effectiveness of such research are already available. Thus, research has already established that fatality rates for a variety of diseases are lower in teaching hospitals than in non-teaching hospitals and further research is now in progress to ascertain the reasons for the differences in fatality rates. Similarly, research has shown that prematurity and perinatal mortality are lower in at least one prepaid group practice population than they are in a comparable general population. Again, further research is underway to explore the causes for this difference. Research has established that it is safe and satisfactory to discharge mothers and babies three or four days after delivery rather than five to ten days as was the traditional practice. This shorter hospital stay has been widely adopted and resulted in enormous savings in hospital costs. Health services research has also studied and sought explanations for variations in the incidence of surgery in different parts of this country and in other countries, variations in hospital incomes under various different methods of reimbursement, differences in death rates from heart attacks under different methods of treatment, and the effects of the Medicaid program on medical care for children.

Federal support for health services research began with the Partnership for Health Amendments of 1967 (P.L. 90-174), and the Social Security Amendments of 1967, both of which provided legislative authority to the Department of Health, Education, and Welfare for health services research, evaluation, experiments, and demonstrations. In May 1968 this new authority led to the establishment of a new National Center for Health Services Research and Development. Subsequent amendments to the legislative authority (found in section 304 of the PHS Act) added new authority for systems analysis of health care plans and for the costing of national health insurance proposals. The new National Center has engaged since 1968 in an active and growing program of health services research with which the Committee is favorably impressed.

However, the expenditures on this program have remained woefully small. Thus, federal health expenditures in 1972 amounted to \$22 billion while those on health services research and development amounted to a total of \$238 million, or 1.1 percent of all federal health expenditures. This can be compared to expenditures on biomedical research which amounted to \$1.8 billion, or a total of 8 percent of all federal health expenditures. Of the \$238 million spent on health services research only approximately \$40 million was spent by the National Center for Health Services Research and Development itself. The federal expenditures for health services research amount to 70 percent of all national expenditures for such research. The percentages involved should be compared with industry expenditures on research and development which, as a rule of thumb, average 4 percent of gross annual sales.

Both because of the immense potential importance of health services research and the relatively small and only modestly successful efforts of the Department of Health, Education, and Welfare to date, the Committee is at this time revising the legislative authorities for

health services research and recommending that they be extended and expanded in order to initiate a more aggressive and, hopefully, more effective program in the coming years.

### *Health Statistics*

Federal collection of health statistics began in 1867 when the Commissioner of Labor made the first attempts to collect national statistics on marriages and divorces. In 1900 an annual collection of mortality statistics began with ten states, the District of Columbia and several cities participating. In order to participate each state was required to adopt a recommended death certificate. In 1902 the Bureau of the Census was made a permanent agency of the Federal government and authorized to collect birth and death statistics. At that time the Surgeon General of the Public Health Service was directed to provide forms for the collection, compilation, and publication of weekly morbidity data on communicable diseases.

Since these early beginnings the federal government's efforts to gather accurate and extensive information about the health of the nation's population have grown steadily through a variety of events. In 1907 a Model Vital Statistics Act was proposed to the States. In 1915 the Bureau of the Census began collecting birth statistics from participating states and municipalities. In the 1930's several communities, and then in 1936 the nation, were surveyed in detail by health interview surveys designed to obtain comprehensive illness statistics. In the 1940's the responsibility for the collection of health and health related statistics was transferred to the Federal Security Administration (later the Department of Health, Education, and Welfare) and consolidated in the National Office of Vital Statistics and the Communicable Disease Center.

The National Health Survey Act of 1956 (P.L. 84-652) enacted section 305 of the PHS Act and provided authority for continuing national health surveys and studies. This section was amended by the Public Health Service Act Amendments of 1970 (P.L. 91-515) which further broadened the authority for national health surveys and provided for the creation of a cooperative federal, state, and local health data system.

The National Center for Health Statistics was created in 1960 and since then has served as a national center for the collection, analysis and publication of health statistics. The Center operates a number of national statistical data collection systems: the survey of national vital statistics on births, deaths, fetal deaths, marriages, and divorces; surveys based on samples of the birth and death records; a continuing nationwide survey of households by means of interviews; a series of national surveys based on physical examinations of samples of the population; periodic surveys of institutions and their patients or residents; a continuous national sampling of short stay hospital records; and surveys of various categories of health manpower based on license renewals, reports from establishments, or other sources.

Most of these systems with the major exception of the vital statistics activities have been developed in the years since the passage of the National Health Survey Act in 1956; other systems are in developmental stages. These include a survey of physicians' practices to secure data on diagnosis and treatment provided to patients; a system

of reporting of family planning services; a continuing survey of women in the child-bearing ages to produce statistics on child-bearing patterns and on matters related to the evaluation of family planning services and population growth; and a nutrition component for the health examination survey to measure the changing nutritional status of the American population.

The Committee feels that the National Center for Health Statistics is to be commended for its efforts to date. It has achieved a worldwide reputation as an objective and competent reporter of the health status of the American people. It should be noted that much of the credit for this success goes to Dr. Forrest Linder who served as the Director of the National Center from its creation in 1960 until 1967, and to Mr. Theodore D. Woolsey who served as director from 1967 until his retirement last year.

The Committee is aware of some criticisms of the work of the National Center. Thus it has been said that the Center takes unacceptably long periods of time to process and publish data which it gathers; that the Center does inadequate analysis and interpretation of its data; that the data gathered is not always responsive to the needs of health services researchers; and that basic and raw data is not always readily available to other individuals, agencies, and organizations for their analysis. The Committee feels that all of these charges are in some part justified but understands that the deficiencies arise largely from inadequate support for the Center, in both financial and staff terms.

Both because of the many successes of the National Center for Health Statistics, and because of its awareness of some problems with it, the Committee at this time is proposing to revise and extend the legislative authorities for the gathering of health statistics by the Department of Health, Education, and Welfare. It is intended that this revision give a broader and more aggressive mandate to the Center without compromising its excellence to date.

#### *Medical Libraries Assistance*

In the years prior to 1965 the health sciences experienced an unprecedented growth in the quantity of biomedical information, materials, and publications. The ever increasing volume of medical knowledge, however, was not accompanied by a corresponding growth in the facilities and techniques used to coordinate and disseminate the information generated by scientific advances. Thus, in 1965, in order to insure that the records of such knowledge and information would be available to all those who needed them, the 89th Congress enacted the Medical Libraries Assistance Act (P.L. 89-291). This Act charged the existing National Library of Medicine with the responsibility for establishing an extra-mural program designed to provide grants to assist in meeting the need for adequate medical library services and facilities throughout the nation. The program made an auspicious beginning and in 1970 the Congress responded to the administration's request for its continuation by enacting legislation continuing, with minor modifications, the existing statute (the Medical Library Assistance Extension Act of 1970 (P.L. 91-212)).

Under this authority the National Library of Medicine, under the direction of Dr. Martin M. Cummings, has achieved substantial progress in the creation of a national system of library services for the medical profession. Its accomplishments include:



(1) grants totaling \$11.25 million assisting in the construction of eleven new medical libraries;

(2) initiating and assisting approximately 20 graduate degree and post-graduate training programs for medical librarians, biomedical communications specialists, and medical historians. These programs have now trained approximately 300 such people;

(3) funding over 13 projects for special scientific studies of the medical literature;

(4) developing new instruments for accessing medical information, information retrieval, and indexing of drug information by computers;

(5) assisting over 400 institutions through grants designed to improve their libraries' equipment and resources;

(6) funding a system of ten regional medical libraries which act as intermediate resources between the National Library of Medicine and the numerous libraries of individual health manpower schools and health institutions; and

(7) paying for the development and publication of over 150 bibliographies, critical reviews, handbooks, translations, and other monographic works in the biomedical communications area.

Knowing of the importance of the effective dissemination of medical knowledge, and understanding the effectiveness of the medical libraries assistance program, the Committee has proposed an extension of the authorities for these programs with the modest revisions explained below.

#### PURPOSE OF LEGISLATION

##### *Health Services Research and Health Statistics*

H.R. 11385 creates entirely new authorities for the Department of Health, Education, and Welfare to use in performing health services research, evaluation, and demonstration and health statistical activities. These new authorities are described in detail in the following section-by-section analysis but require general comment as to their purpose. The primary intent of the bill is to establish formally in the Department of Health, Education, and Welfare a new National Center for Health Services Research and Health Statistics. As has been described above, there currently exist both a National Center for Health Statistics and a separate Bureau of Health Services Research (the former National Center for Health Services Research and Development). Neither of these is now provided for in legislation although their activities correspond broadly to those required by sections 305 and 304, respectively. In consideration of these authorities the Committee felt that a legislative basis for a National Center was appropriate because of the increased definition and prominence that would thus be afforded the Center.

Extensive consideration was given to the question of whether there should be separate centers for health services research and health statistics or a single center responsible for both activities. Arguments were heard that they would function more appropriately separately because many statistics were gathered for non-research purposes and because the gathering of statistics was a somewhat different activity from the performance of health services research. On the other hand the Committee was impressed with arguments that it is only possible

to perform effective health services research when a good statistical data base is available and that those charged with gathering health statistics would be more responsive to the needs of health services researchers if they were located within the same organizational structure. Because of these latter arguments, and its belief in the importance of health services research, the Committee has concluded that the creation of a single joint National Center is preferable and has drafted the legislation thusly.

This new Center is given a brand mandate for the gathering of health statistics and performance of health services research designed to encourage it to move as aggressively as possible into these areas. In addition the Center is given authority for the coordination of other health services research and health statistical activities undertaken in the Department of Health, Education, and Welfare and authority for the creation of a strong in-house research capacity and program. This last requirement, which takes the form of a twenty-five percent earmark on appropriations for health services research, is designed to assure that the Center is capable of attracting professional staff who are qualified to be national leaders in their field. Both experience with the National Institutes of Health and testimony in front of the Committee suggest that a quality staff and program is only possible when research is being done by the Center as well as through its programs of grants and contracts.

The legislation mandates that the director of the Center be under the direct supervision of the Assistant Secretary for Health. The Committee is impressed that one of the difficulties experienced by both the existing National Center for Health Services Research and Development and the existing National Center for Health Statistics has been their remoteness from the policy making centers of the executive branch. Thus, the findings of research and statistics have not always impacted directly or immediately on policy making in HEW. For these reasons the new Center is placed under the direct supervision of the Assistant Secretary with the intent that it thus gain greater visibility and impact.

The existing Bureau of Health Services Research is presently funding, through grants and contracts, several independent research centers. The Committee has seen work performed in several of these centers and has been favorably impressed by them. It further feels that in an area as sensitive as the organization and delivery of health services it will prove helpful to have analytic research done by people independent of the Department of Health, Education, and Welfare. For these reasons the Committee has added specific requirements to the legislation for the funding of independent health services research centers with requirements for their staffing and choice of research subjects. Some argument has been heard that the existing independent centers are inefficient and ineffective but the Committee feels that this is probably a product of inadequate monitoring and standards on the part of HEW, rather than of any serious deficiency in the concept itself.

For some years the National Center for Health Statistics has been involved in the development of a federal, state, and local cooperative data system designed to involve all levels of government in the production of comparable and uniform health information and statistics.

The descriptions of this system heard in testimony were impressive and the need for such information is undeniable. Therefore, the proposed legislation continues the authority for the creation of a cooperative system and further provides authority for its ongoing support.

In order to assure that the results of health services research and health statistical activities performed by the new Center are widely and publicly available, the Committee has included several related provisions in the legislation. Thus, first, the legislation requires that all data gathered through either health services research or health statistical activities and all results of health services research shall be published and made available to the public and broadly disseminated promptly and in understandable forms. Further, the Committee has included reporting requirements providing for an annual report to the Congress on both the health services research results achieved in the past year and on the statistics gathered by the Center. In view of the sometimes heard criticism that the present National Center for Health Statistics has not provided adequate interpretation of the statistics which it gathers, the reporting requirements include a requirement that the data be suitably analyzed.

Long experience with peer review in the National Institutes of Health has established the value of this review in assuring that research programs are of the highest possible quality and in disseminating current research work and knowledge widely in the research community. The present Bureau of Health Services Research uses a system of peer review for its own funding of research programs and the Committee felt that this was appropriate and has therefore included in the legislation a specific requirement that grants and contracts for health services research be subject to peer review prior to their being awarded.

For some years the Department of Health, Education, and Welfare has had several broad general authorities for research, evaluations, and demonstrations in health services. These have included sections 301, 304, 314(e), 910(b), and 910(c) of the PHS Act. In recent years these authorities have been used not simply for research and demonstrations but for the initial funding of programs of support for emergency medical services and health maintenance organizations without specific legislative authority. While the Committee has no objection to research and demonstrations (and this legislation is intended to achieve more of such) it feels that this use of these authorities has been inappropriate. For this reason the legislation contains a specific limitation on the use of its general authorities designed to assure that they are used only for research and demonstration purposes. This limitation provides that not more than 20 projects or \$5 million are to be devoted to any particular aspect of health services under the legislative authority provided.

The legislation also contains new, unified authorizations of appropriations for health services research and health statistics (the table following shows these new authorizations and permits their comparison with current funding levels and budgets). Authorizations are given for the current fiscal year, 1974, because the present authorizations would be repealed along with the present substantive provisions of law they accompany. While the authorizations for health services research are reduced somewhat in comparison to those for previous

years, the new authorizations will in fact lead to increased funding because the funds cannot be used for non-research purposes (the 1974 budget proposed that \$15 of \$52 million requested under section 304 be used for non-research purposes), and because twenty-five percent of the funds will have to be used on intramural research.

#### FISCAL DATA ON HEALTH SERVICES RESEARCH AND HEALTH STATISTICS

[In millions of dollars]

Fiscal year	Health services research	Health statistics
1972:		
Authorizations, existing.....	1 82.0	2 20.0
Appropriations.....	53.0	12.4
1973:		
Authorizations, existing.....	1 94.0	2 25.0
Appropriations.....	42.6	14.5
1974:		
Authorizations, existing.....	1 42.6	2 14.5
Budget request.....	3 43.8	18.5
1974: Authorizations, proposed.....	4 60.5	25.0
1975: Authorizations, proposed.....	4 65.2	30.0

<sup>1</sup> Contained in existing sec. 304. Sec. 301 contains no specific authorization.

<sup>2</sup> Contained in existing sec. 305. Other authorities for health statistical activities contain no specific authorizations.

<sup>3</sup> \$24.2 requested under sec. 304, \$19.6 requested under sec. 301.

<sup>4</sup> 25 percent minimum to be spent on intramural research activities leaving, in fiscal year 1974, a maximum of \$45.4 for direct operations and extramural research if all authorized funds are appropriated.

Further detail on all of these provisions and the committee's intent in creating them will be found in the section-by-section analysis.

#### *Medical Libraries Assistance*

The Committee legislation provides generally for a simple, three-year extension of the Medical Libraries Assistance program. Two principal substantive changes are made. First, the authority for the construction of medical libraries, which has not been used since 1969, is repealed at the request of the administration and with the Committee's concurrence. Second, the seven separate authorizations of appropriations contained in the present Act are consolidated into one unified authorization of appropriations in an attempt to create more administrative flexibility for the use of the funds available under the Act. This also was requested by the administration and concurred in by the Committee.

#### SECTION-BY-SECTION ANALYSIS OF H.R. 11385, THE HEALTH SERVICES RESEARCH, HEALTH STATISTICS, AND MEDICAL LIBRARIES ACT OF 1974

Section 1(a): Provides that this Act may be cited as the "Health Services Research, Health Statistics, and Medical Libraries Act of 1974".

Section 1(b): Provides that, unless the context otherwise requires, whenever in the legislation an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision of law, the reference is to be considered as made to a section or other provision of the Public Health Service (PHS) Act.



TITLE I—HEALTH SERVICES RESEARCH AND EVALUATION;  
HEALTH STATISTICS

Section 101: Provides that title I of H.R. 11385 may be cited as the "Health Services Research and Evaluation and Health Statistics Act of 1974".

Section 102: Amends part A of title III of the PHS Act (as it is amended by title III of this legislation, H.R. 11385) by inserting after the part heading the following new sections 301 through 306. Title III of H.R. 11385, described below, makes technical and conforming amendments to title III of the PHS Act, repeals existing sections in title III which are replaced by the new sections, described below, and redesignates existing sections 302, 306, and 310 in order to make room for the new sections 301-306. The new part, made up of the new sections 301-306, is giving a heading, "Part A—Health Services Research and Evaluation and Health Statistics". The new sections included in the new part A constitute a complete revision of all existing provisions of the PHS Act providing authority to the Department of Health, Education, and Welfare for the gathering and analysis of health statistics and the performance of health services research and evaluations.

GENERAL AUTHORITY

*New section 301 (a).*—Requires the Secretary to undertake and support health statistical activities and health services research, evaluation, and demonstrations. The Secretary is to undertake such research and statistical activities through the National Center for Health Services Research and Health Statistics and such other units of the Department as he may select. In performing these responsibilities the Secretary is to give appropriate emphasis to research and statistical activities respecting:

- (a) The determinants of an individual's health;
- (b) The impact of the environment on individual health and on health care;
- (c) The accessibility, acceptability, organization, distribution, utilization, quality, and financing of systems for the delivery of health care, including systems for the delivery of preventive, personal, and mental health care; and
- (d) Individual and community knowledge of individual health and the systems for the delivery of health care.

This section provides general authority for the Secretary to undertake both health statistical activities and health services research, evaluation and demonstrations. Health services research is generally intended to be research concerned with how health care is delivered to individuals, what factors and events effect people's health, and how health systems are organized and operated. It is to be contrasted with biomedical research which is concerned with the causes, diagnosis, treatment, and prevention of particular diseases. Thus, health services research concerns the form of health care and biomedical research concerns the content of such care. The listing of areas which are to be emphasized is intended to give the Secretary a clear mandate to concern himself with all those things which affect people's health, including the environments in which they live and work and their own knowledge of diseases and medical care.

*New section 301(b).*—Provides the Secretary with authority to implement the requirements of section 301(a) in addition to any other authority which under other provisions of the PHS Act or any other law he may use for its implementation. Specifically, the Secretary is given authority to:

(1) Use personnel and equipment, facilities, and other physical resources of the Department of HEW, permit their use as appropriate (as determined by the Secretary) by both individuals and organizations outside the Department, provide technical assistance and advice, make grants to public and non-profit private entities and individuals, and enter into contracts with public and private entities and individuals for health services research, evaluation, and demonstrations and for health statistical activities;

(2) Admit and treat at hospitals and other facilities of the Public Health Service persons not otherwise eligible for admission for treatment at such facilities;

(3) Secure from time to time and for such periods as he deems advisable, the assistance and advice of experts and consultants from the United States or abroad; and

(4) Acquire, construct, improve, repair, operate, and maintain laboratory, research, and other necessary facilities and equipment and such other real or personal property (including patents) as he deems necessary; and acquire without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise, through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to it.

These authorities for the implementation of section 301(a) are based on and similar to those contained in the present section 301 of the existing PHS Act, which was originally enacted in 1944. The original section 301 is revised by H.R. 11385 into separate general authorities for health services research and health statistical activities, and biomedical research. These separate general authorities are found in new sections 301 and 400 as created by this Act. It should be noted that all the authority contained in section 302(b) is subject to the authorization of appropriations and other general provisions contained in new section 306, because they apply to all of the new part A.

*New section 301(c).*—Requires the Secretary to coordinate all health services research, evaluation, demonstrations, and health statistical activities undertaken and supported through units of the Department of Health, Education, and Welfare. To the maximum extent feasible, such coordination is required to be carried out through the National Center for Health Services Research and Health Statistics.

Health services research and health statistical activities of the Department of Health, Education, and Welfare are presently carried out under a variety of different legislative authorities including those found in title VII of the PHS Act, and in the Social Security Act and its amendments of 1967. These activities are further carried out in a variety of different units of the Department of Health, Education, and Welfare including the Bureau of Health Manpower Education and the Office of Research and Statistics of the Social Security Administration. While this section is not intended to require the consolidation of all of these various research and statistical activities, it is the

impression of the Committee that they have not always been adequately coordinated and in some cases have been duplicative of each other or used different terms or methods for similar purposes. Therefore this requirement for their appropriate coordination is necessary. It is the desire of the Committee that this coordination be undertaken through the Center established by section 302 to the maximum extent feasible.

#### NATIONAL CENTER FOR HEALTH SERVICES RESEARCH AND HEALTH STATISTICS

*New section 302(a).*—Establishes in the Department a National Center for Health Services Research and Health Statistics. This Center is referred to both in the legislation and hereafter in this analysis as the "Center." Requires that the Center be under the direction of a director who is to be appointed by the Secretary and supervised by the Assistant Secretary for Health (or such other officer of the Department as may be designated by the Secretary as his principal advisor on health programs).

The Department of Health, Education, and Welfare presently has a Bureau of Health Services Research, formally known as the National Center for Health Services Research and Development, and a National Center for Health Statistics. The Bureau conducts research pursuant to the authorities for health services research currently found in sections 301 and 304 of the existing PHS Act. The National Center for Health Statistics conducts statistical activities pursuant to the authority currently found in the sections 301, 305, 312(a), 313, and 315. The Committee intends this section to require the combination of the two existing organizational units into a new single national center which responsible for both health services research and health statistical activities. The combination of these two activities is felt appropriate based on testimony heard in hearings on the need for statistics which are responsive to the concerns of health services researchers and the generally close relationship between research and statistical activities. Some argument was presented to the Committee that these activities should not be combined because of their somewhat different missions and purposes but the Committee feels that these arguments are outweighed by the requirement for close coordination between research and statistics.

The use of the name, National Center for Health Services Research and Health Statistics, is intended to emphasize the fact that this Center is to be a national resource which serves the health community of the nation in addition to the specific needs of the Department of Health, Education, and Welfare. The requirement that the director of the Center be under the direct supervision of the Assistant Secretary for Health is intended to assure his visibility and that the results of health services research and the findings of health statistical activities have a direct impact on the policy and program activities of the Department.

*New section 302(b).*—Provides the Secretary with authority acting through the Center to carry out the requirements of section 301(a) to do health services research, evaluation and demonstrations, and engage in health statistical activities. The Secretary is given authority to un-

undertake and support research, evaluation and demonstration projects (which may include and shall be appropriately coordinated with experiments and demonstration activities authorized by the Social Security Act and the Social Security Amendments of 1967) respecting:

- (a) The accessibility, acceptability, organization, distribution, utilization, quality, and financing of health services and systems;
- (b) The supply and distribution, education and training, quality, utilization, organization, and cost of health manpower; and
- (c) The design, construction, utilization, organization, and cost of facilities and equipment.

The Secretary is also given authority to collect statistics on:

- (a) The extent and nature of illness and disability of the population of the United States (or of any groupings of the people included in the population) including life expectancy, the incidence of various acute and chronic illnesses, and infant morbidity and mortality;
- (b) The impact of such illness and disability on the economy of the United States and on other aspects of the well being of its population (or of such groupings);
- (c) Environmental, social, and other health hazards;
- (d) Determinants of health;
- (e) Health resources, including physicians, dentists, nurses, and other health professionals by specialty and type of practice and the supply of services by hospitals, extended care facilities, home health agencies, and other health institutions;
- (f) Utilization of health care, including utilization of ambulatory health services by specialties and types of practice of the health professionals providing such services, and services of hospitals, extended care facilities, home health agencies, and other institutions;
- (g) Health care costs and financing, including the trends of health care prices and costs, the sources of payments for health care services, and federal, state, and local governmental expenditures for health care services; and
- (h) Family formation, growth, and dissolution.

Finally, the Secretary is given authority to undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining current statistics on the subjects listed above.

These enumerations of subjects on which the Secretary may do health services research and gather health statistics are based upon and similar to those currently found in sections 304 and 305 of the existing PHS Act. They are, however, somewhat more detailed and include some new concerns which the Committee feels would be appropriate for the activities of the new Center.

The authority for doing methodological research, demonstrations and evaluations in health statistics is also comparable to authority presently contained in section 305 of the PHS Act but does not include authority, for the training of statisticians in the health area or of health professionals in statistics, which is presently available to the Secretary. The Committee feels that this training authority should be granted with more general training and educational authorities which it will consider at a later date.



*New section 302(c).*—Provides that the authority given the Secretary under section 301(b) is also to be available to him with respect to the undertaking and support of projects under new sections 302(b)(1), 302(d), and 302(e).

*New section 302(d).*—Requires the Secretary to afford appropriate consideration to requests that the Center or other units of the Department undertake research, evaluations, and demonstrations respecting specific aspects of the subjects listed in new section 302(b)(1). The Secretary is to give particular consideration to requests for such research from:

- (1) State, regional, and local health planning and health agencies;
- (2) Public and private entities and individuals engaged in the delivery of health care; and
- (3) Other persons concerned with health services.

This provision emphasizes the intent that the Center be a national resource available to the people and organizations of the country with problems in health services which could be solved by suitable research. It is hoped that this requirement that the Center respond to research requests will help to shape its program of research in a way which is responsive to the Nation's need for such research.

*New section 302(e).*—Requires the Secretary to assist in the planning, establishment, and operation of independent centers for health services research, evaluations, and demonstrations. This assistance is authorized in the form either grants or contracts with public or non-profit private entities, either new or existing, for the costs of planning, establishment, and operation of the centers. The centers are to be multidisciplinary in nature and their research, evaluation, and demonstration activities are to be concerned with the subjects listed in subsection 302(b)(1). To the extent practicable, the Secretary is required to approve, in accordance with the requirements of this section and section 306, funding of at least six such centers in each fiscal year.

No grant or contract is to be made under this section for planning or establishing a center unless the Secretary determines that when the center is operational it will meet the requirements listed below. No payment is to be made under grants or contracts for the actual operation of a center unless that center also meets the following requirements. The requirements for funded health services research centers are designed to assure the quality and competence of their work and include:

- (1) There shall be a full-time director of each center who possesses a demonstrated capacity for sustained productivity and leadership in health services research, evaluation, and demonstrations, and there shall be such additional full-time professional staff as may be appropriate.

- (2) The staff of each center is to represent all relevant disciplines (including such disciplines as medicine, dentistry, and other health professions, statistics, administration and management, law, sociology, economics, and environmental health). The particular staff complement of any given center is clearly to be determined by the size of the center, the availability to it of staff resources other than its own immediate staff, and the nature and scope of the problems with which its research is concerned.

(3) Each center is to be located within an established academic or research institution with departments and resources appropriate to the programs of the center, and have working relationships with health service delivery systems where experiments in health services may be initiated and evaluated. This requirement is designed to assure a suitable academic environment for each center and the availability to it of the resources that academic institutions normally provide such as computer services and statistical skills.

(4) The center shall select problems in health services for research, demonstration, and evaluation on the basis of (a) their regional or national importance, (b) the unique potential for definitive research on the problem, and (c) opportunities for a local application of the research findings. This provision emphasizes the fact that the choice of research activities lies with the center rather than with the Secretary. In this connection it should be noted that it is the Committee's intent that the Secretary assure that the centers are of high quality, competently staffed, and efficiently operated, but it is also the Committee's intent that these be independent research centers which can initiate and maintain programs of research which they feel are appropriate and within the guidelines specified here.

(5) Such additional requirements as the Secretary may by regulation prescribe.

*New section 302(f).*—Contains several provisions concerning the gathering and analysis of health statistics. First, requires the Secretary to assist state and local health agencies and federal agencies involved in matters relating to health in the design and implementation of a cooperative system for producing comparable and uniform health information and statistics at the federal, state, and local levels. The Secretary is to coordinate the activities of such federal agencies respecting the design and implementation of the cooperative system. He is to undertake and support (by grant or contract) research, development, demonstrations, and evaluations respecting the cooperative system. Finally, he is to review statistical activities of the Department to assure that they are consistent with the cooperative system.

The design and implementation of a federal, state, and local cooperative health data system was begun by the National Center for Health Statistics under authority contained in section 305 of the existing PHS Act. The Committee has heard descriptions of this cooperative system, is impressed by it and hopes to see its development continued and completed within the next several years. It should be emphasized that the authority given the Secretary for assisting state and local agencies in the implementation of the system is intended to provide him with authority for assisting these agencies with the permanent ongoing costs of operating the system as it is implemented.

Second, the Secretary is required to make an annual collection of data from the records of births, deaths, marriages, and divorces in registration areas. The data is to be obtained only from and restricted to such registration records of the states and municipalities as the Secretary, in his discretion, determines possess satisfactory data in necessary detail and form. Each state or registration area is to be paid by the Secretary its reasonable costs (as determined by

him) for transcribing (at his request and by whatever method he authorizes) its records for the data.

This authority is essentially similar to one contained in existing section 312a of the PHS Act, except that that authority contains an archaic limitation on the amount which the Secretary may pay states and municipalities for their costs incurred in supplying data and this revision of the authority removes that limitation. It should be emphasized that whatever method of transcribing data is most cost beneficial in the judgment of the Secretary should be used, including electronic transmission over telephone lines or the exchange of magnetic computer tapes.

Third, the Secretary is required to prepare and distribute suitable and necessary forms for the collection and compilation of data and statistics in order to secure uniformity in the registration and collection of mortality, morbidity, and other health data. These forms are to be published as a part of the health reports published by the Secretary.

This provision continues in effect provisions presently contained in section 313 of the PHS Act with modest revisions.

Fourth, the Secretary is required to provide technical assistance to assist state and local jurisdictions in the development of model laws dealing with issues of confidentiality and comparability of data. This assistance is to be provided through the Center and is intended to assure comparability and reliability of health statistics.

Fifth, the Secretary is required, in carrying out health statistical activities under this part, to consult with and seek the advice of the United States National Commission on Vital and Health Statistics.

The U.S. National Committee on Vital and Health Statistics was established in 1948 at the request of the Department of State, in accordance with the recommendations of the first World Health Assembly, to advise on matters relating to vital and health statistics and to promote and secure technical developments in the field. The Committee understands that the National Center for Health Statistics is presently using the U.S. National Committee on Vital and Health Statistics in a manner similar to that required by this section for the new Center, and feels that this is an appropriate source of advice and should continue.

*New section 302(g).*—Requires the Secretary to cooperate and consult with the Departments of Commerce and Labor, and any other interested federal departments or agencies and with state and local health departments and agencies, in order to assist him in carrying out his statistical activities under sections 302(b)(2) and 302(f). For this purpose he is to use, insofar as possible, the services or facilities of any agency of the federal government and, without regard to section 3709 of the revised statutes (41 U.S.C. 5), of any appropriate state or other public agency, and may without regard to such section, use the services or facilities of any private agency, organization, group, or individual, in accordance with written agreements between the head of such agency, organization, or group or between such individual and the Secretary. Payment for such services or facilities is authorized and is to be made in such amounts as may be provided in the agreement between the Secretary and the party providing the services or facilities.

This provision is comparable to one presently found in section 305(e) of the existing PHS Act, and is intended to assure the coordination of the Center's statistical activities with those of the Bureau of the Census, the Bureau of Labor Statistics, and other parts of federal, state, and local governments concerned with the gathering and analysis of statistics.

#### INTERNATIONAL COOPERATION

*New section 303(a).*—Authorizes the Secretary to participate with other countries in cooperative endeavors in biomedical research, and the health services research and statistical activities authorized by the new part A of title III, for the purpose of advancing the status of the health sciences in the United States (and thereby the health of the American people).

This provision is comparable to one presently contained in section 308(a) of the PHS act, with technical and conforming amendments. It should be noted that this particular provision applies to both biomedical and health services research, while most of the rest of the new part in the PHS Act concerns only health services research.

*New section 303(b).*—Lists specific activities which the Secretary is authorized to engage in in connection with the cooperative research endeavors authorized by section 303(a). These permit him to:

- (1) Make such use of resources offered by participating foreign countries as he may find necessary and appropriate;
  - (2) Establish and maintain fellowships in participating foreign countries and establish and maintain fellowships in the United States for citizens of such countries;
  - (3) Make grants to public institutions or agencies and to non-profit private institutions or agencies in the United States and in participating foreign countries for the purpose of establishing and maintaining the fellowships authorized by subparagraph (2);
  - (4) Make grants or loans of equipment or materials, for use by public or non-profit private institutions or agencies, or by individuals, in participating foreign countries;
  - (5) Participate and otherwise cooperate in any international meetings, conferences, or other activities concerned with biomedical research, health services research, or health statistics;
  - (6) Facilitate the interchange between the United States and participating foreign countries, and among participating foreign countries, of research scientists and experts who are engaged in experiments and programs of biomedical research, health services research, and health statistical activities, and in doing so to pay per diem compensation, subsistence, and travel for such scientists and experts when away from their places of residence at rates not to exceed those provided in section 5703(b) of title V, U.S.C., for persons in the government service employed intermittently; and
  - (7) Procure, in accordance with section 3109 of title V, U.S.C., the temporary or intermittent services of experts or consultants.
- The Secretary is not, in the exercise of his authority under this section, to provide financial assistance for the construction of any facility in any foreign country.



## HEALTH CONFERENCES

*New section 304.*—Requires the Secretary to call an annual conference of the health authorities of the several states. Also authorizes the Secretary to invite as many of such health authorities, and officials of other state or local public or private agencies, institutions, or organizations, to a conference as he deems necessary or proper, whenever in his opinion the interests of the public health would be promoted by a conference. Upon the application of five or more state health authorities, the Secretary is required to call a conference of all the authorities joining in the application. Specifies that each state represented in any given conference is entitled to a single vote. Further specifies that, whenever at any such conference matters relating to mental health are to be discussed, the mental health authorities of the respective states are to be invited to attend the conference.

This provision is essentially identical to a provision contained in section 312 of the existing PHS Act.

## HEALTH EDUCATION AND INFORMATION

*New section 305.*—Requires the Secretary to issue information relating to public health from time to time, in the form of publications or otherwise, for the use of the public, and to publish weekly reports of health conditions in the United States and other countries and other pertinent health information for the use of persons and institutions concerned with health services.

This provision is similar to one presently contained in section 315 of the PHS Act except that its applicability has been broadened to include all persons and institutions concerned with health services rather than just those engaged in work related to the functions of the Public Health Service. The Committee understands that the requirement for a weekly reporting of health conditions is presently met through the publishing of "Mortality" by the Center for Disease Control, and anticipates that the Department will continue the publication of these reports.

## GENERAL PROVISIONS

*New section 306(a).*—Requires two annual reports by the Secretary. The first report which is due not later than September 1 of each year, is to be submitted to the Congress and is to concern (a) the administration of the new part A during the preceding fiscal year, and (b) the current state and progress of health services research and health statistics.

The second report which is due not later than September 1 of each year, is to be prepared through the new National Center, is to be assembled and submitted to the President and the Congress, and is to include the following:

(a) A report on health care costs and financing including a description and analysis of the statistics on health care costs and financing collected under the requirements of section 302(b)(2)(A)(vii);

(b) A report on health resources including a description and analysis, by geographic area, of the statistics on health manpower

and facilities collected under the requirements of section 302 (b) (2) (A) (v);

(c) A report on the utilization of health resources including a description and analysis, by age, sex, income, and geographic area, of the statistics on health services and their use required under section 302 (b) (2) (A) (iv); and

(d) A report on the health of the nation's people including a description and analysis, by age, sex, income, and geographic area, of the statistics on morbidity and mortality required under section 302 (b) (2) (A) (i).

The Office of Management and Budget is permitted to review the reports required by this section before their submission to the Congress, but the Office is not to revise the reports or delay their submission beyond the date required, and is permitted to submit to the Congress its comments respecting the reports. It is anticipated that the OMB will also serve as a government-wide coordinating mechanism and gather and include with such reports the comments of other federal agencies.

This last requirement is felt necessary by the Committee because of its recent experience with revision of reports prepared by HEW, and substantial delays in the submission of such reports, by the Office of Management and Budget. The Committee also anticipated that the first report required will contain a report on the annual conference required by the new section 304.

*New section 306 (b).*—Specifies that no grant or contract may be made under the new part A unless an application therefore has been submitted to the Secretary in such form and manner, and containing such information, as the Secretary might by regulation prescribe. Each application submitted for a grant or contract under section 301 or 302 for an amount exceeding \$25,000 and for a health services research, evaluation, or demonstration project, is required to be submitted by the Secretary for review for scientific merit to a panel of experts appointed by him from persons who are not officers or employees of the United States and who possess qualifications relevant to the project for which the application was made. A panel to which an application is submitted under this provision is to report its findings and recommendations respecting the application to the Secretary in such form and manner as the Secretary prescribes in regulations.

This provision is designed to assure that health services research programs are subject to outside peer review in a manner comparable to that presently practiced for biomedical research programs. The Committee is convinced that part of the reason for this nation's world leading quality of medical research is the longstanding practice of intent peer scrutiny of each research proposal funded by the federal government. There is no apparent reason why such a procedure, known to be effective in biomedical research, should be avoided for health services research. Further, while it is recognized that grants and contracts are sometimes used for different purposes, there is no reason why contracts, if they are made for health services research purposes, should be exempt from such scrutiny. In fact, it is the Committee's understanding that such peer review is a current practice at the Bureau of Health Services Research and thus that this provision only affirms current administrative procedures.

Finally, this section requires that, if an application is submitted under this part for a grant or contract for a project for which a grant or contract may be made or entered into under another provision of the PHS Act, such application may not be approved under the new part A and funds appropriated under it may not be obligated for such grant or contract. The applicant who submitted such application is to be notified of the other provision, or provisions, of the PHS Act under which his application may be submitted for consideration for funding.

This requirement is included in the law because of the recent, frequent practice of the Department of Health, Education, and Welfare of funding activities under the general research and demonstration authorities available to it rather than funding them under the specific authorities provided by the Congress. Thus, in recent experience the existing research and demonstration authorities have been used for funding of projects for health maintenance organizations and emergency medical services, rather than for health services research.

*New section 306(c).*—Specifies that the aggregate number of grants and contracts made or entered into under sections 301 and 302 for any fiscal year respecting a particular means of delivery of health services or another particular aspect of health services may not exceed twenty. Further specifies that the aggregate amount of funds obligated under grants and contracts under such sections for any fiscal year respecting a particular means of delivery of health services or another particular aspect of health services may not exceed \$5 million.

The authorities contained in sections 301 and 302 are intended for research, evaluations, and demonstrations, not for the permanent support of any health activity, nor for the funding of new initiatives in health care. These restrictions are intended to assure that these authorities are used only for the purpose for which they are intended. The inclusion of the restrictions in law has been prompted by recent experience with the use of general research authorities for the funding of health maintenance organization, neighborhood health center, and emergency medical service projects in large numbers and in amounts which represent significant portions of the funds available under the research authorities. The Committee has no objection to programs of support for HMO's, NHC's, or EMS but feels that they should be operated under specific legislative authority rather than at the expense of health services research funded through the general research authorities. Note that as written these restrictions include the work of the independent centers required by new section 302(e).

Particular means of delivery of health services might include such things as HMO's, surgi-centers, rural satellite primary care centers, home health services, or experimental health service delivery systems. A particular aspect of health services might include the use of nurse clinicians, home care for myocardial infarction, the treatment of terminally ill patients, individual self-diagnosis and medication, primary school health curricula, or studies of the effects of television advertising with health related content on individual health behavior.

*New section 306(d).*—Requires that no information obtained in the course of activities undertaken or supported under this part be used for any purpose other than the purpose for which it was supplied, unless authorized under regulations of the Secretary. Further requires

that no such information be published if the particular establishment or person supplying it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication.

This provision is similar to one presently contained in section 305 (a) of the existing PHS Act. However, its location in new section 306 gives it broader applicability to all of the health services research and health statistical activities authorized by sections 301 through 306.

*New section 306(e).*—Specifies that payments of any grants or under any contracts under the new part A may be made in advance or by way of reimbursement, and in such installments and on such conditions, as the Secretary deems necessary to carry out its purposes. Further requires that the amounts otherwise payable to any entity or person under a grant or contract made under the new part A must be reduced by:

(a) Amounts equal to the fair market value of any equipment or supplies furnished to such entity or person by the Secretary for the purpose of carrying out the project with respect to which such grant or contract is made; and

(b) Amounts equal to the pay, allowances, traveling expenses, and related personal expenses attributable to the performance of services by an officer or employee of the government in connection with such project, if such officer or employee was assigned or detailed by the Secretary to perform such services. The amounts payable are to be reduced as required only if the entity or person receiving the amounts payable requested the Secretary to furnish such equipment or supplies or such services, as the case may be.

*New section 306(f).*—Specifies that grants may be entered into under this part without regard to sections 3648 and 3709 of the revised statutes (31 U.S.C. 529; 41 U.S.C. 5).

*New section 306(g).*—Requires the Secretary to (a) publish, make available, and disseminate, promptly and in understandable form and on as broad a basis as practicable, the results of health services research, demonstrations, and evaluations undertaken and supported under the new part A; and (b) make available to the public data developed in such research, demonstrations, and evaluations. The Secretary is not to restrict the publication and dissemination of data from, and the results of projects undertaken by independent research centers supported under section 302(e). Further requires the Secretary to: (a) take such action as may be necessary to assure that statistics developed under the new part A are of high quality, timely, comprehensive as well as specific, standardized, and adequately analyzed and indexed, and (b) publish, make available, and disseminate such statistics on as wide a basis as is practicable.

As in earlier sections, these provisions emphasize the fact that the new Center represents a national resource of research and statistical information which should be generally available to the public. The requirement that the Secretary shall not restrict the publication of data and results from the research centers funded under section 302(e) emphasizes again their independence from control over the content of their work by HEW. It should be noted that statistics may well be made available to the public both in published and written forms and on magnetic tapes or disks suitable for computer usage.



It would appropriate in such cases for the Department to charge reasonable fees for the costs of providing such services. The availability of original data gathered during health services research is intended in part to allow independent evaluations by health services researchers of the conclusions derived from such data by those doing the original research.

*New section 302(h).*—Provides that a grant or contract under this part with respect to any project for construction of a facility or for acquisition of equipment may not provide for payment of more than 50 percent of that part of the cost of the facility or equipment determined by the Secretary to be reasonably attributable to research, evaluation, or demonstration purposes. The Secretary is given authority to pay more than 50 percent of costs when he determines that unusual circumstances make such a larger percentage necessary in order to achieve the purposes of the new part A. This section further contains the requirements concerning payment of laborers and mechanics employed by contractors for the construction of facilities known as the Davis-Bacon requirements. Finally, provides that grants and contracts for construction of facilities shall be subject to such additional requirements as the Secretary may by regulation prescribe.

*New section 306(i).*—Provides authorizations of appropriations for health services research, evaluation and demonstration activities undertaken or supported under the new part A in the amounts of \$60,500,000 for fiscal year 1974 and \$65,200,000 for fiscal year 1975. Provides authorizations of appropriations for health statistical activities undertaken or supported under the new part A in the amounts of \$25 million for fiscal year 1974 and \$30 million for fiscal year 1975.

Further requires that, of the funds appropriated under this section for any fiscal year for health services research, not less than 25 percent of the funds are to be made available only for health services research, evaluation, and demonstration activities directly undertaken by the Department under the new part A. This provision is intended by the Committee to assure the development of a competent, substantial and meaningful intramural research program. Substantial testimony was heard by the Committee to the effect that the Department can hope to obtain and hold competent health service research staff only if there exists an intramural research program which provides to that staff an environment which is attractive to them. It is further anticipated that the availability of an intramural research program will allow the Department to use the new Center directly for the performance of health services research on problems of concern to the Department.

## TITLE II—REVISION AND EXTENSION OF MEDICAL LIBRARY ASSISTANCE PROGRAMS

Section 201: Amends section 390 of the PHS Act by adding a new consolidated authorization of appropriations for all of the programs of assistance for medical libraries authorized by sections 390 through 398(a). This is done by adding to the end of section 390 a new subsection (c) providing authorizations of appropriations for the purpose of grants and contracts under sections 393–397 of the PHS Act. The appropriations authorized are \$15 million for the fiscal year 1974,

\$17.5 million for fiscal year 1975, and \$20 million for fiscal year 1976. An authorization is given for fiscal year 1974 because section 203 repeals the present 1974 authorizations and, since 1974 is incomplete, a new authorization is necessary. The section heading for section 390 is amended to read "Declaration of Policy, Statement of Purpose, and Authorization of Appropriations."

The programs of assistance for medical libraries presently contain seven separate authorizations of appropriations ranging in amount from \$500,000 to \$13 million for fiscal year 1973. The present total authorizations for fiscal year 1973 are \$27.5 million, which can be compared with either the amounts appropriated in 1973, \$8,442,000, or the amounts authorized above by the Committee for fiscal years 1974-1976. The reduced authorizations represent primarily the deletion of \$13 million authorized for construction of medical libraries in fiscal 1973, none of which was appropriated. There are no authorizations for construction because the authority for the construction of medical libraries is repealed as described below in section 202. These reduced authorizations should therefore be recognized as representing no reduction in the Committee's commitment to assisting medical libraries, except through new construction.

Section 202: Repeals section 393 of the PHS Act which provides authority for assistance for construction of facilities for medical libraries. Makes technical and conforming amendments in sections 390, 391, 392, and 397 of the PHS Act deleting reference to construction from those sections.

Funds for the construction of medical libraries were last obligated in fiscal 1969 and despite continuing and increasing authorizations no funds have been appropriated at any time during the last six fiscal years. The administration and the Committee have both agreed that since this authority is no longer used it is now appropriate that it be repealed.

Section 203: Repeals the individual authorizations of appropriations presently found in sections 394(a), 395(a), 395(b), 396(b), 397(a), and 398(a), and makes technical and conforming amendments to reflect these repeals of specific authorizations and the creation of the consolidated authorization by section 201.

Section 204: Repeals existing section 399(b) of the PHS Act which provides for the transfer of appropriated funds among the seven specific authorizations of appropriations repealed by section 203. Further, redesignates sections 394 through 399(a) of the existing PHS Act as sections 393-399, respectively. This redesignation reflects the repeal of section 393, providing for construction of medical library facilities, by section 202.

The authority for transfer of appropriated funds among authorizations which is repealed by this section was first enacted in order to provide some flexibility in the use of funds for assistance to medical libraries. It was needed because of the rigidity of the seven separate authorizations of appropriations contained in the Act. It is because of this rigidity that the flexibility of a consolidated appropriation is created through section 201, and because this consolidated authorization is provided the transfer authority is no longer needed.

Section 205: Provides that the amendments made by this title shall apply with respect to appropriations under part J of the PHS Act

providing for assistance to medical libraries for fiscal years beginning after June 30, 1973.

### TITLE III—CONFORMING AND TECHNICAL AMENDMENTS

Section 301: Provides that the sections or other provisions of the Public Health Service Act which are amended or repealed by this title are the sections or other provisions of the PHS Act which were in effect on the day before the enactment of this legislation.

Section 302: Creates a new, consolidated general research authority in title IV of the PHS Act. Title IV is principally concerned with the National Institutes of Health and the performance of biomedical research. Present general authority for biomedical research is contained in sections 301 and 303 of the PHS Act, which provide authority for biomedical research in general and mental health research, respectively. The new general research authority is created by adding to title IV a new part A, entitled "Part A—General Research Authority", consisting of a new section 400, entitled "General Biomedical Research Authority". The new section 400 combines the substantive provisions of existing sections 301 and 303 which are then repealed. The repeal of section 301 and 303, the creation of the new general authority, and its new location in title IV are not intended by the Committee to change the substance intent, or implementation of the authority for research contained in the existing sections 301 and 303 as they apply to biomedical (including mental health) research. Conforming amendments are made in subsequent provisions of title IV to reflect the repeal of section 301 and substitution of section 400. Parts A through G of title IV are redesignated as parts B through H respectively, to reflect the creation of the new part A.

Section 303: Repeals section 302 of the existing PHS Act and places its provisions in the Controlled Substances Act and the Community Mental Health Centers Act where the Committee feels they are more appropriately located. This is done by adding a new section 517, entitled "Studies Respecting Medical and Scientific Requirements for Narcotics", to part E of the Controlled Substances Act. The new section 517, which has an essentially identical text to that of section 302(a) of the existing PHS Act, provides that the Secretary shall conduct such studies and investigations as may be necessary to determine the quantities of crude opium, cocoa leaves, and their salts, derivatives, preparations, and other drugs subject to control under part E and the Controlled Import and Export Act, together with the reserves thereof, as may be necessary to supply the normal and emergency medical and scientific requirements of the United States. The results of such studies and investigations are to be reported not later than the first day of April of each year to the Attorney General, to be used at his discretion in determining manufacturing quotas or importation requirements under the Controlled Substances Import and Export Act. The table of contents of the Comprehensive Drug Abuse Prevention and Control Act of 1970 is amended by inserting reference to the new section 517.

Part D of the Community Mental Health Centers Act is amended by adding a new section 257, entitled "Federal-State Cooperation",

with a text essentially identical to that of section 302(b) of the existing PHS Act. This new section 257 provides that, for the purpose of encouraging states to provide adequate facilities and methods for the care and treatment of their narcotic addicts, the Secretary shall cooperate with states for purposes of aiding them to serve their narcotic drug problems and shall give authorized representatives of the states the benefit of his experience in the care, treatment, and rehabilitation of narcotic addicts.

Section 304: Repeals sections 304, 305, 307, 308, 312, 312(a), 313, and 315 of the existing PHS Act. These sections, with the exception of section 307, are all replaced by the provisions of the new part A of title III of the PHS Act created by title I of this legislation. Section 307 of the existing PHS Act provided authority for assisting with the advanced training of professional nurses. This authority has been superseded by the provisions of title VIII of the PHS Act, providing for nurse training, and has not been used in some years. It is therefore repealed at this time.

This section also redesignates existing section 306 of the PHS Act as section 312, existing section 309 as section 313, existing section 310 as section 319, existing section 310A as section 226, and existing section 310B as section 227 of the PHS Act. These sections are all redesignated and moved to new locations in the PHS Act in order to create room for the insertion of the new part A of title III of the PHS Act created by title I of this legislation. None of the changes in these sections, nor in their location, is intended by the Committee to represent any change in their substance, intent, or implementation. Various technical and conforming amendments are made in the redesignated sections, principally representing changes in cross-references and substitution of the term "Secretary" for the term "Surgeon General".

Section 305: Amends the heading for part A of title III of the PHS Act to read, "Part A—Health Services Research and Evaluation and Health Statistics".

#### AGENCY REPORTS

No agency reports have been received from any agency on H.R. 11385 or its similar predecessor, H.R. 7274, although they were first requested on H.R. 7274 on May 1, 1973.

#### CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of Rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman) :

### PUBLIC HEALTH SERVICE ACT

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#### TITLE II—ADMINISTRATION

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## ADMINISTRATION OF GRANTS IN CERTAIN MULTIGRANT PROJECTS

**[SEC. 310A.] SEC. 226.** For the purpose of facilitating the administration of, and expediting the carrying out of the purposes of, the programs established by titles VII, VIII, and IX, and sections [304,] 302, 314(a), 314(b), 314(c), 314(d), and 314(e) of this Act in situations in which grants are sought or made under two or more of such programs with respect to a single project, the Secretary is authorized to promulgate regulations—

(1) under which the administrative functions under such programs with respect to such project will be performed by a single administrative unit which is the administrative unit charged with the administration of any of such programs or is the administrative unit charged with the supervision of two or more of such programs;

(2) designed to reduce the number of applications, reports, and other materials required under such programs to be submitted with respect to such project, and otherwise to simplify, consolidate, and make uniform (to the extent feasible), the data and information required to be contained in such applications, reports, and other materials; and

(3) under which inconsistent or duplicative requirements imposed by such programs will be revised and made uniform with respect to such project;

except that nothing in this section shall be construed to authorize the Secretary to waive or suspend, with respect to any such project, any requirement with respect to any of such programs if such requirement is imposed by law or by any regulation required by law.

## ANNUAL REPORT

**[SEC. 310B.] SEC. 227.** On or before January 1 of each year, the Secretary shall transmit to the Congress a report of the activities carried on under the provisions of title IX of this Act and sections [304, 305,] 314(a), 314(b), 314(c), 314(d), and 314(e) of this title together with (1) an evaluation of the effectiveness of such activities in improving the efficiency and effectiveness of the research, planning, and delivery of health services in carrying out the purposes for which such provisions were enacted, (2) a statement of the relationship between Federal financing and financing from other sources of the activities undertaken pursuant to such provisions (including the possibilities for more efficient support of such activities through use of alternate sources of financing after an initial period of support under such provisions), and (3) such recommendations with respect to such provisions as he deems appropriate.

## TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

**[PART A—RESEARCH AND INVESTIGATION]****[IN GENERAL]**

**[SEC. 301.** The Surgeon General shall conduct in the Service, and encourage, cooperate with, and render assistance to other appropriate

public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man, including water purification, sewage treatment, and pollution of lakes and streams. In carrying out the foregoing the Surgeon General is authorized to—

[(a) Collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities;

[(b) Make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special study;

[(c) Establish and maintain research fellowships in the Service with such stipends and allowances, including traveling and subsistence expenses, as he may deem necessary to procure the assistance of the most brilliant and promising research fellows from the United States and abroad;

[(d) Make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research or research training projects as are recommended by the National Advisory Health Council, or, with respect to cancer, recommended by the National Cancer Advisory Board, or, with respect to mental health, recommended by the National Advisory Mental Health Council, or with respect to heart diseases, recommended by the National Heart and Lung Advisory Council, or, with respect to dental diseases and conditions, recommended by the National Advisory Dental Research Council, and include in the grants for any such project grants of penicillin and other antibiotic compounds for use in such project; and make, upon recommendations of the National Advisory Health Council, grants-in-aid to public or nonprofit universities, hospitals, laboratories, and other institutions for the general support of their research and research training programs: *Provided*, That such uniform percentage, not to exceed 15 per centum, as the Surgeon General may determine, of the amounts provided for grants for research or research training projects for any fiscal year through the appropriations for the National Institutes of Health may be transferred from such appropriations to a separate account to be available for such research and research training program grants-in-aid for such fiscal year;

[(e) Secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

[(f) For purposes of study, admit and treat at institutions, hospitals, and stations of the Service, persons not otherwise eligible for such treatment;

[(g) Make available, to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods to experiments, studies, and surveys in health and medical fields; and

[(h) Enter into contracts during the fiscal year ending June 30, 1966, and each of the eight succeeding fiscal years, including contracts for research in accordance with and subject to the provisions of law applicable to contracts entered into by the military departments under title 10, United States Code, sections 2353 and 2354, except that determination, approval, and certification required thereby shall be by the Secretary of Health, Education, and Welfare; and

[(i) Adopt, upon recommendation of the National Advisory Health Council, or, with respect to cancer, upon recommendation of the National Cancer Advisory Board or with respect to mental health, upon recommendation of the National Advisory Health Council, or, with respect to heart diseases, upon recommendation of the National Heart and Lung Advisory Council, or with respect to dental diseases and conditions, upon recommendation of the National Advisory Dental Research Council, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

#### [NARCOTICS

[SEC. 302. (a) In carrying out the purposes of section 301 with respect to drugs the use or misuse of which might result in drug abuse or dependency, the studies and investigations authorized therein shall include the use and misuse of narcotic drugs and other drugs. Such studies and investigations shall further include the quantities of crude opium, coca leaves, and their salts, derivatives, and preparations, and other drugs subject to control under the Controlled Substances Act and Controlled Substances Import and Export Act, together with reserves thereof, necessary to supply the normal and emergency medicinal and scientific requirements of the United States. The results of studies and investigations of the quantities of narcotic drugs or other drugs subject to control under such Acts, together with reserves of such drugs, that are necessary to supply the normal and emergency medicinal and scientific requirements of the United States, shall be reported not later than the first day of April of each year to the Attorney General, to be used at his discretion in determining manufacturing quotas or importation requirements under such Act.

[(b) The Surgeon General shall cooperate with States for the purpose of aiding them to solve their narcotic drug problems and shall give authorized representatives of the States the benefit of his experience in the care, treatment, and rehabilitation of narcotic addicts to the end that each State may be encouraged to provide adequate facilities and methods for the care and treatment of its narcotic addicts.

#### [MENTAL HEALTH

[SEC. 303. (a) In carrying out the purposes of section 301 with respect to mental health, the Surgeon General is authorized—

[(1) to provide training and instruction and to establish and maintain traineeships, in accordance with the provisions of section 433(a);

[(2) to make grants to State or local agencies, laboratories, and other public or nonprofit agencies and institutions, and to individuals for investigations, experiments, demonstrations,

studies, and research projects with respect to the development of improved methods of diagnosing mental illness, and of care, treatment, and rehabilitation of the mentally ill, including grants to State agencies responsible for administration of State institutions for care, or care and treatment, of mentally ill persons for developing and establishing improved methods of operations and administration of such institutions.

The Secretary may authorize persons engaged in research on the use and effect of drugs to protect the privacy of individuals who are the subject of such research by withholding from all persons not connected with the conduct of such research the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals.

[(b) Grants under paragraph (2) of subsection (a) may be made only upon recommendation of the National Advisory Mental Health Council. Such grants may be paid in advance or by way of reimbursement, as may be determined by the Surgeon General; and shall be made on such conditions as the Surgeon General finds necessary.

**[RESEARCH AND DEMONSTRATIONS RELATING TO HEALTH FACILITIES AND SERVICES**

**[SEC. 304. (a) (1) The Secretary is authorized—**

**[(A) to make grants to States, political subdivisions, universities, hospitals, and other public or nonprofit private agencies, institutions, or organizations for projects for the conduct of research, experiments, or demonstrations (and related training), and**

**[(B) to make contracts with public or private agencies, institutions, or organizations for the conduct of research, experiments, or demonstrations (and related training),**  
relating to the development, utilization, quality, organization, and financing services, facilities, and resources of hospitals, facilities for long-term care, or other medical facilities (including, for purposes of this section, facilities for the mentally retarded, as defined in the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963<sup>1</sup>), agencies, institutions, or organizations or to development of new methods or improvement of existing methods of organization, delivery, or financing of health services, including, among others—

**[(i) projects for the construction of units of hospitals, facilities which involve experimental architectural designs or functional layout or use of new materials or new methods of construction, the efficiency of which can be tested and evaluated, or which involve the demonstration of such efficiency, particularly projects which also involve research, experiments, or demonstrations relating to delivery of health services, and**

**[(ii) projects for development and testing of new equipment and systems, including automated equipment, and other new technology systems or concepts for the delivery of health services, and**

**[(iii) projects for research and demonstration in new careers**



in health manpower and new ways of educating and utilizing health manpower, and

[(iv) projects for research, experiments, and demonstrations dealing with the effective combination or coordination of public, private, or combined public-private methods or systems for the delivery of health services at regional, State, or local levels, and

[(v) projects for research and demonstrations in the provision of home health services.

[(2) Except where the Secretary determines that unusual circumstances make a larger percentage necessary in order to effectuate the purposes of this subsection, a grant or contract under this subsection with respect to any project for construction of a facility or for acquisition of equipment may not provide for payment of more than 50 per centum of so much of the cost of the facility attributable to research, experimental, or demonstration purposes. The provisions of clause (5) of the third sentence of section 605(a) and such other conditions as the Secretary may determine shall apply with respect to grants or contracts under this subsection for projects for construction of a facility or for acquisition of equipment.

[(3) (A) Payments of any grants or under any contracts under this subsection may be made in advance or by way of reimbursement, and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this subsection.

[(B) The amounts otherwise payable to any person under a grant or contract made under this subsection shall be reduced by—

[(i) amounts equal to the fair market value of any equipment or supplies furnished to such person by the Secretary for the purpose of carrying out the project with respect to which such grant or contract is made, and

[(ii) amounts equal to the pay, allowances, traveling expenses, and related personnel expenses attributable to the performance of services by an officer or employee of the Government in connection with such project, if such officer or employee was assigned or detailed by the Secretary to perform such services, but only if such person requested the Secretary to furnish such equipment or supplies, or such services, as the case may be.

### [(Systems Analysis of National Health Care Plans

[(b) (1) (A) The Secretary shall develop, through utilization of the systems analysis method, plans for health care systems designed adequately to meet the health needs of the American people. For purposes of the preceding sentence, the systems analysis method means the analytical method by which various means of obtaining a desired result or goal is associated with the costs and benefits involved.

[(B) The Secretary shall complete the development of the plans referred to in subparagraph (A), within such period as may be necessary to enable him to submit to the Congress not later than September 30, 1971, a report thereon which shall describe each plan so developed in terms of—

[(i) the number of people who would be covered under the plan;

[(ii) the kind and type of health care which would be covered under the plan;

[(iii) the cost involved in carrying out the plan and how such costs would be financed;

[(iv) the number of additional physicians and other health care personnel and the number and type of health care facilities needed to enable the plan to become fully effective;

[(v) the new and improved methods, if any, of delivery of health care services which would be developed in order to effectuate the plan;

[(vi) the accessibility of the benefits of such plan to various socioeconomic classes of persons;

[(vii) the relative effectiveness and efficiency of such plan as compared to existing means of financing and delivering health care; and

[(viii) the legislative, administrative, and other actions which would be necessary to implement the plan.

[(C) In order to assure that the advice and service of experts in the various fields concerned will be obtained in the plans authorized by this paragraph and that the purposes of this paragraph will fully be carried out—

[(i) the Secretary shall utilize, whenever appropriate, personnel from the various agencies, bureaus, and other departmental subdivisions of the Department of Health, Education, and Welfare;

[(ii) the Secretary is authorized, with the consent of the head of the department or agency involved, to utilize (on a reimbursable basis) the personnel and other resources of other departments and agencies of the Federal Government; and

[(iii) the Secretary is authorized to consult with appropriate State or local public agencies, private organizations, and individuals.

#### [(Cost and Coverage Report on Existing Legislative Proposals

[(2) (A) The Secretary shall, in accordance with this paragraph, conduct a study of each legislative proposal which is introduced in the Senate or the House of Representatives during the Ninety-first Congress, and which undertakes to establish a national health insurance plan or similar plan designed to meet the needs of health insurance or for health services of all or the overwhelming majority of the people of the United States.

[(B) In conducting such study with respect to each such legislative proposal, the Secretary shall evaluate and analyze such proposal with a view to determining—

[(i) the costs of carrying out the proposal; and

[(ii) the adequacy of the proposal in terms of (I) the portion of the population covered by the proposal, (II) the type health care provided, paid for, on insured against under the proposal, (III) whether and if so, to what extent, the proposal provides for the development of new and improved methods for the delivery of health care and services.

[(C) Not later than March 31, 1971, the Secretary shall submit to the Congress a report on each legislative proposal which he has been directed to study under this paragraph, together with an analysis and evaluation of such proposal.

[(c) (1) There are authorized to be appropriated for payment of grants or under contracts under subsection (a), and for purposes of carrying out the provisions of subsection (b), \$71,000,000 for the fiscal year ending June 30, 1971 (of which not less than \$2,000,000 shall be available only for purposes of carrying out the provisions of subsection (b)), \$82,000,000 for the fiscal year ending June 30, 1972, \$94,000,000 for the fiscal year ending June 30, 1973, and \$42,617,000 for the fiscal year ending June 30, 1974.

[(2) In addition to the funds authorized to be appropriated under paragraph (1) to carry out the provisions of subsection (b) there are hereby authorized to be appropriated to carry out such provisions for each fiscal year such sums as may be necessary.

#### [THE NATIONAL HEALTH SURVEYS AND STUDIES

[SEC. 305. (a) The Surgeon General is authorized, (1) to make, by sampling or other appropriate means, surveys and special studies of the population of the United States to determine the extent of illness and disability and related information such as: (A) the number, age, sex, ability to work or engage in other activities, and occupation or activities of persons afflicted with chronic or other disease or injury or handicapping condition; (B) the type of disease or injury or handicapping condition of each person so afflicted; (C) the length of time that each such person has been prevented from carrying on his occupation or activities; (D) the amounts and types of services received for or because of such conditions; (E) the economic and other impacts of such conditions; (F) health care resources; (G) environmental and social health hazards; and (H) family formation, growth, and dissolution; and (2) in connection therewith, to develop and test new or improved methods for obtaining current data on illness and disability and related information. No information obtained in accordance with this paragraph may be used for any purpose other than the statistical purposes for which it was supplied except pursuant to regulations of the Secretary; nor may any such information be published if the particular establishment or person supplying it is identifiable except with the consent of such establishment or person.

[(b) The Secretary is authorized, directly or by contract, to undertake research, development, demonstration, and evaluation, relating to the design and implementation of a cooperative system for producing comparable and uniform health information and statistics at the Federal, State, and local levels.

[(c) The Surgeon General is authorized, at appropriate intervals, to make available, through publications and otherwise, to any interested governmental or other public or private agencies, organizations, or groups, or to the public, the results of surveys or studies made pursuant to subsection (a).

[(d) There are authorized to be appropriated to carry out this section \$15,000,000 for the fiscal year ending June 30, 1971, \$20,000,000 for the fiscal year ending June 30, 1972, \$25,000,000 for the fiscal year ending June 30, 1973, and \$14,518,000 for the fiscal year ending June 30, 1974.

[(e) To assist in carrying out the provisions of this section the Surgeon General is authorized and directed to cooperate and consult with

the Departments of Commerce and Labor and any other interested Federal Departments or agencies and with State health departments. For such purpose he shall utilize insofar as possible the services or facilities of any agency of the Federal Government and, without regard to section 3709 of the Revised Statutes, as amended, of any appropriate State or other public agency, and may, without regard to section 3709 of the Revised Statutes, as amended, utilize the services or facilities of any private agency, organization, group, or individual, in accordance with written agreements between the head of such agency, organization, or group, or such individual and the Secretary of Health, Education, and Welfare. Payment, if any, for such services or facilities shall be made in such amounts as may be provided in such agreement. ]

(NOTE: Section 306 is redesignated as 312.)

#### [TRAINEESHIPS FOR ADVANCED TRAINING OF PROFESSIONAL NURSES

[SEC. 307. (a) There are hereby authorized to be appropriated for the fiscal year ending June 30, 1957, and for each of the next seven fiscal years, such sums as the Congress may determine, to cover the cost of traineeships for the training of professional nurses to teach in the various fields of nurse training (including practical nurse training) or to serve in an administrative or supervisory capacity.

[ (b) Traineeships under this section shall be awarded by the Surgeon General through grants to public or other nonprofit institutions providing the training.

[ (c) Payments to institutions under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as the Surgeon General finds necessary. Such payment may be used only for traineeships and shall be limited to such amounts as the Surgeon General finds necessary to cover the costs of tuition and fees, and a stipend and allowances (including travel and subsistence expenses) for the trainees.

[ (d) The Surgeon General shall appoint an expert advisory committee, composed of persons from the fields of nursing and nurse training, hospital administration, and medicine, to advise him in connection with the administration of this section, including the development of program standards and policies.

[ (e) The Surgeon General shall, between June 30, 1958, and December 1, 1958, call a conference broadly representative of the professional and training groups interested in and informed about the advanced training of professional nurses, and including members of the advisory committee appointed pursuant to subsection (d), to assist him in appraising the effectiveness of the traineeships under this section in meeting the needs for professional nurses in teaching, administrative and supervisory positions and in considering modifications in this section, if any, which may be desirable to increase its effectiveness, including possible means of stimulating State participation in the administration and financing of advanced training of professional nurses through Federal matching grants to States for support of traineeships or related training activities, or otherwise. The Surgeon General shall submit to the Congress, on or before January 1, 1959, a report of such conference, including any recommendations by it relating to the limitation, extension, or modification of this section. The



Surgeon General shall, between June 30, 1963, and December 1, 1963, call a similar conference, and shall submit to the Congress, on or before January 1, 1964, a report of such conference, including any recommendations by it relating to the limitation, extension, or modification of this section.

[(f) Except as otherwise provided in this section, nothing contained in this section shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over the personnel or curriculum of any training institution.

#### [INTERNATIONAL COOPERATION

[SEC. 308. (a) To carry out the purposes of clause (1) of section 2 of the International Health Research Act of 1960, the Surgeon General may, in the exercise of his authority under this Act and other provisions of law to conduct and support health research and research training, make such use of health research and research training resources in participating foreign countries as he may deem necessary and desirable.

[(b) In carrying out his responsibilities under this section the Surgeon General may—

[(1) establish and maintain fellowships in the United States and in participating foreign countries;

[(2) make grants to public institutions or agencies and to non-profit private institutions or agencies in the United States and in participating foreign countries for the purpose of establishing and maintaining fellowships;

[(3) make grants or loans of equipment, medical, biological, physical, or chemical substances or other materials, for use by public institutions or agencies, or nonprofit private institutions or agencies, or by individuals, in participating foreign countries;

[(4) participate and otherwise cooperate in any international health research or research training meetings, conferences, or other activities;

[(5) facilitate the interchange between the United States and participating foreign countries, and among participating foreign countries, of research scientists and experts who are engaged in experiments and programs of research or research training, and in carrying out such purpose may pay per diem compensation, subsistence, and travel for such scientists and experts when away from their places of residence at rates not to exceed those provided in section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b-2) for persons in the Government service employed intermittently; and

[(6) procure, in accordance with the provisions of section 15 of the Administrative Expenses Act of 1946 (5 U.S.C. 55a), the temporary or intermittent services of experts or consultants; individuals so employed shall receive compensation at a rate to be fixed by the Secretary, but not in excess of \$50 per diem, including travel time, and while away from their homes or regular places of business may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5 of the Ad-

ministrative Expenses Act of 1946 (5 U.S.C. 73b-2), for persons in the Government service employed intermittently.

(c) The Surgeon General may not, in the exercise of his authority under this section, assist in the construction of buildings for research or research training in any foreign country.

[(d) For the purposes of this section—

[(1) The term "health research" shall include, but not be limited to, research, investigations, and studies relating to causes and methods of prevention of accidents, including but not limited to highway and aviation accidents.

[(2) The term "participating foreign countries" means those foreign countries which cooperate with the United States in carrying out the purposes of this section.]

(NOTE: Section 309 is redesignated as 313.)

*Part A—Health Services Research and Evaluation and Health Statistics*

GENERAL AUTHORITY

SEC. 301. (a) (1) *The Secretary shall—*

(A) *undertake through the National Center for Health Services Research and Health Statistics and such other units of the Department as he may select, and*

(B) *support,*

*health statistical activities and health services research, evaluation, and demonstrations.*

(2) *In carrying out paragraph (1), the Secretary shall give appropriate emphasis to research and statistical activities respecting—*

(A) *the determinants of an individual's health,*

(B) *the impact of the environment on individual health and on health care,*

(C) *the accessibility, acceptability, organization, distribution, utilization, quality, and financing of systems for the delivery of health care, including systems for the delivery of preventive, personal, and mental health care; and*

(D) *individual and community knowledge of individual health and the systems for the delivery of health care.*

(b) *To implement subsection (a), the Secretary may, in addition to any other authority which under other provisions of this Act or any other law may be used by him to implement such subsection, do the following:*

(1) *Utilize personnel and equipment, facilities, and other physical resources of the Department, permit appropriate (as determined by the Secretary) entities and individuals to utilize the physical resources of the Department, provide technical assistance and advice, make grants to public and nonprofit private entities and individuals, and enter into contracts with public and private entities and individuals, for health services research, evaluation, and demonstrations and for health statistical activities.*

(2) *Admit and treat at hospitals and other facilities of the Service persons not otherwise eligible for admission and treatment at such facilities.*

(3) Secure, from time to time and for such periods as the Secretary deems advisable, the assistance and advice of experts and consultants from the United States or abroad.

(4) Acquire, construct, improve, repair, operate, and maintain laboratory, research, and other necessary facilities and equipment, and such other real personal property (including patents) as the Secretary deems necessary; and acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise, through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia.

(c) The Secretary shall coordinate all health services research, evaluation, demonstrations, and health statistical activities undertaken and supported through units of the Department. To the maximum extent feasible, such coordination shall be carried out through the National Center for Health Services Research and Health Statistics.

NATIONAL CENTER FOR HEALTH SERVICES RESEARCH AND HEALTH  
STATISTICS

SEC. 302. (a) There is established in the Department the National Center for Health Services Research and Health Statistics (hereinafter in this section referred to as the "Center") which shall be under the direction of a Director who shall be appointed by the Secretary and supervised by the Assistant Secretary for Health (or such other officer of the Department as may be designated by the Secretary as the principal adviser to him for health programs).

(b) In carrying out section 301(a), the Secretary, acting through the Center, may—

(1) undertake and support research, evaluation, and demonstration projects (which may include and shall be appropriately coordinated with experiments and demonstration activities authorized by the Social Security Act and the Social Security Amendments of 1967) respecting—

(A) the accessibility, acceptability, organization, distribution, utilization, quality, and financing of health services and systems;

(B) the supply and distribution, education and training, quality, utilization, organization, and costs of health manpower; and

(C) the design, construction, utilization, organization, and cost of facilities and equipment; and

(2) (A) collect statistics on—

(i) the extent and nature of illness and disability of the population of the United States (or of any groupings of the people included in the population), including life expectancy, the incidence of various acute and chronic illness, and infant and maternal morbidity and mortality,

(ii) the impact of such illness and disability on the economy of the United States and on other aspects of the well-being of its population (or of such groupings),

(iii) environmental, social, and other health hazards,

(iv) determinants of health,

(v) health resources, including physicians, dentists, nurses, and other health professionals by specialty and type of practice and the supply of services by hospitals, extended care facilities, home health agencies, and other health institutions.

(vi) utilization of health care, including utilization of (I) ambulatory health services by specialties and types of practice of the health professionals providing such services, and (II) services of hospitals, extended care facilities, home health agencies, and other institutions.

(vii) health care costs and financing, including the trends in health care prices and costs, the sources of payments for health care services, and Federal, State, and local governmental expenditures for health care services, and

(viii) family formation, growth, and dissolution; and

(B) undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining current data on the matters referred to in subparagraph (A).

(c) The authority of the Secretary under section 301 (b) shall be available to him with respect to the undertaking and support of projects under subsections (b) (1), and (d), and (e) of this section.

(d) The Secretary shall afford appropriate consideration to requests of—

(1) State, regional, and local health planning and health agencies,

(2) public and private entities and individuals engaged in the delivery of health care, and

(3) other persons concerned with health services,

to have the Center or other units of the Department undertake research, evaluations, and demonstrations respecting specific aspects of the matters referred to in subsection (b) (1).

(e) (1) The Secretary shall, by grants or contracts, or both, assist public or private nonprofit entities in meeting the costs of planning and establishing new centers, and operating existing and new centers, for multidisciplinary health services research, evaluations, and demonstrations respecting the matters referred to in subsection (b) (1). To the extent practicable, the Secretary shall approve, in accordance with the requirements of this subsection and section 306, a number of applications for grants and contracts under this subsection which will result in at least six of such centers being operational in each fiscal year.

(2) (A) No grant or contract may be made under this subsection for planning and establishing a center unless the Secretary determines that when it is operational it will meet the requirements listed in subparagraph (B) and no payment shall be made under a grant or contract for operation of a center unless the center meets such requirements.

(B) The requirements referred to in subparagraph (A) are as follows:

(i) There shall be a full-time director of the center who possesses a demonstrated capacity for sustained productivity and leadership in health services research, demonstrations, and evaluations, and there shall be such additional full-time professional staff as may be appropriate.



(ii) The staff of the center shall represent all relevant disciplines.

(iii) The center shall (I) be located within an established academic or research institution with departments and resources appropriate to the programs of the center, and (II) have working relationships with health service delivery systems where experiments in health services may be initiated and evaluated.

(iv) The center shall select problems in health services for research, demonstration, and evaluation on the basis of (I) their regional or national importance, (II) the unique potential for definitive research on the problem, and (III) opportunities for local application of the research findings.

(v) Such additional requirements as the Secretary may by regulation prescribe.

(f) (1) The Secretary shall (A) assist State and local health agencies, and Federal agencies involved in matters relating to health, in the design and implementation of a cooperative system for producing comparable and uniform health information and statistics at the Federal, State, and local levels; (B) coordinate the activities of such Federal agencies respecting the design and implementation of such cooperative system; (C) undertake and support (by grant or contract) research, development, demonstrations, and evaluations respecting such cooperative system; and (D) review statistical activities of the Department to assure that they are consistent with such cooperative system.

(2) There shall be an annual collection of data from the records of births, deaths, marriages, and divorces in registration areas. The data shall be obtained only from and restricted to such registration records of such States and municipalities as the Secretary, in his discretion, determines possess records affording satisfactory data in necessary detail and form. Each State or registration area shall be paid by the Secretary its reasonable costs (as determined by the Secretary) for transcribing (at the request of the Secretary and by whatever method authorized by him) its records for such data.

(3) To secure uniformity in the registration and collection of mortality, morbidity, and other health data, the Secretary shall prepare and distribute suitable and necessary forms for the collection and compilation of such data which shall be published as a part of the health reports published by the Secretary.

(4) To insure comparability and reliability of health statistics, the Secretary shall, through the Center, provide adequate technical assistance to assist State and local jurisdictions in the development of model laws dealing with issues of confidentiality and comparability of data.

(5) In carrying out health statistical activities under this part, the Secretary shall consult with, and seek the advice of the United States National Commission on Vital and Health Statistics.

(g) To assist in carrying out subsection (b)(2) and (f) of this section, the Secretary shall cooperate and consult with the Departments of Commerce and Labor and any other interested Federal departments or agencies and with State and local health departments and agencies. For such purpose he shall utilize insofar as possible the services or facilities of any agency of the Federal Government and, without regard to section 3709 of the Revised Statutes (41 U.S.C. 5),

of any appropriate State or other public agency, and may, without regard to such section, utilize the services or facilities of any private agency, organization, group, or individual, in accordance with written agreements between the head of such agency, organization, or group and the Secretary or between such individual and the Secretary. Payment, if any, for such services or facilities shall be made in such amounts as may be provided in such agreement.

#### INTERNATIONAL COOPERATION

SEC. 303. (a) For the purpose of advancing the status of the health sciences in the United States (and thereby the health of the American people), the Secretary may participate with other countries in cooperative endeavors in biomedical research and the health services research and statistical activities authorized by this part.

(b) In connection with the cooperative endeavors authorized by subsection (a), the Secretary may—

(1) make such use of resources offered by participating foreign countries as he may find necessary and appropriate;

(2) establish and maintain fellowships in participating foreign countries and establish and maintain fellowships in the United States for citizens of such countries;

(3) make grants to public institutions or agencies and to nonprofit private institutions or agencies in the United States and in participating foreign countries for the purpose of establishing and maintaining the fellowships authorized by paragraph (2);

(4) make grants or loans of equipment and materials, for use by public or nonprofit private institutions or agencies, or by individuals, in participating foreign countries;

(5) participate and otherwise cooperate in any international meetings, conferences, or other activities concerned with biomedical research, health services research, or health statistics;

(6) facilitate the interchange between the United States and participating foreign countries, and among participating foreign countries, of research scientists and experts who are engaged in experiments and programs of biomedical research, health services research, and health statistical activities, and in carrying out such purpose may pay per diem compensation, subsistence, and travel for such scientists and experts when away from their places of residence at rates not to exceed those provided in section 5703 (b) of title 5, United States Code, for persons in the Government service employed intermittently; and

(7) procure, in accordance with section 3109 of title 5, United States Code, the temporary or intermittent services of experts or consultants.

The Secretary may not, in the exercise of his authority under this section, provide financial assistance for the construction of any facility in any foreign country.

#### HEALTH CONFERENCES

SEC. 304. A conference of the health authorities of the several States shall be called annually by the Secretary. Whenever in his opinion the interests of the public health would be promoted by a con-

ference, the Secretary may invite as many of such health authorities and officials of other State or local public or private agencies, institutions, or organizations to confer as he deems necessary or proper. Upon the application of health authorities of five or more States it shall be the duty of the Secretary to call a conference of all State health authorities joining in the request. Each State represented at any conference shall be entitled to a single vote. Whenever at any such conference matters relating to mental health are to be discussed, the mental health authorities of the respective States shall be invited to attend.

#### HEALTH EDUCATION AND INFORMATION

SEC. 305. From time to time the Secretary shall issue information related to public health, in the form of publications or otherwise, for the use of the public, and shall publish weekly reports of health conditions in the United States and other countries and other pertinent health information for the use of persons and institutions concerned with health services.

#### GENERAL PROVISIONS

SEC. 306. (a) (1) Not later than September 1 of each year, the Secretary shall make a report to Congress respecting (A) the administration of this part during the preceding fiscal year, and (B) the current state and progress of health services research and health statistics.

(2) The Secretary, acting through the National Center for Health Services Research and Health Statistics, shall assemble and submit to the President and the Congress not later than September 1 of each year the following reports:

(A) A report on health care costs and financing. Such report shall include a description and analysis of the statistics collected under section 302(b)(2)(A)(vii).

(B) A report on health resources. Such report shall include a description and analysis, by geographic area, of the statistics collected under section 302(b)(2)(A)(v).

(C) A report on the utilization of health resources. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section 302(b)(2)(A)(vi).

(D) A report on the health of the Nation's people. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section 302(b)(2)(A)(i).

(3) The Office of Management and Budget may review any report required by paragraph (1) or (2) of this subsection before its submission to Congress, but the Office may not revise any such report or delay its submission beyond the date prescribed for its submission, and may submit to Congress its comments respecting any such report.

(b) (1) No grant or contract may be made under this part unless an application therefor has been submitted to the Secretary in such form and manner, and containing such information, as the Secretary may by regulation prescribe.

(2) Each application submitted for a grant or contract under section 301 or 302, in an amount exceeding \$25,000 and for a health services research, evaluation, or demonstration project, shall be submitted by

the Secretary for review for scientific merit to a panel of experts appointed by him from persons who are not officers or employees of the United States and who possess qualifications relevant to the project for which the application was made. A panel to which an application is submitted under this paragraph shall report its findings and recommendations respecting the application to the Secretary in such form and manner as the Secretary shall by regulation prescribe.

(3) If an application is submitted under this part for a grant or contract for a project for which a grant or contract may be made or entered into under another provision of this Act, such application may not be approved under this part and funds appropriated under this part may not be obligated for such grant or contract. The applicant who submitted such application shall be notified of the other provision (or provisions) of this Act under which such application may be submitted.

(c) The aggregate number of grants and contracts made or entered into under sections 301 and 302 for any fiscal year respecting a particular means of delivery of health services or another particular aspect of health services may not exceed twenty; and the aggregate amount of funds obligated under grants and contracts under such sections for any fiscal year respecting a particular means of delivery of health services or another particular aspect of health services may not exceed \$5,000,000.

(d) No information obtained in the course of activities undertaken or supported under this part may be used for any purpose other than the purpose for which it was supplied unless authorized under regulations of the Secretary; and no such information may be published if the particular establishment or person supplying it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication.

(e) (1) Payments of any grants or under any contracts under this part may be made in advance or by way of reimbursement, and in such installments and on such conditions, as the Secretary deems necessary to carry out the purposes of this part.

(2) The amounts otherwise payable to any person under a grant or contract made under this part shall be reduced by—

(A) amounts equal to the fair market value of any equipment or supplies furnished to such person by the Secretary for the purpose of carrying out the project with respect to which such grant or contract is made, and

(B) amounts equal to the pay, allowances, traveling expenses, and related personnel expenses attributable to the performance of services by an officer or employee of the Government in connection with such project, if such officer or employee was assigned or detailed by the Secretary to perform such services, but only if such person requested the Secretary to furnish such equipment or supplies, or such services, as the case may be.

(f) Contracts may be entered into under this part without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

(g) (1) The Secretary shall (A) publish, make available and disseminate, promptly in understandable form and on as broad a basis as practicable, the results of health services research, demonstrations,



and evaluations undertaken and supported under this part; and (B) make available to the public data developed in such research, demonstrations, and evaluations. The Secretary may not restrict the publication and dissemination of data from, and results of, projects undertaken by centers supported under section 302(e).

(2) The Secretary shall (A) take such action as may be necessary to assure that statistics developed under this part are of high quality, timely, comprehensive as well as specific, standardized and adequately analyzed and indexed, and (B) publish, make available, and disseminate such statistics on as wide a basis as is practicable.

(h) (1) Except where the Secretary determines that unusual circumstances make a larger percentage necessary in order to effectuate the purposes of this part, a grant or contract under this part with respect to any project for construction of a facility or for acquisition of equipment may not provide for payment of more than 50 per centum of so much of the cost of the facility or equipment as the Secretary determines is reasonably attributable to research, evaluation, or demonstration purposes.

(2) Laborers and mechanics employed by contractors and subcontractors in the construction of such a facility shall be paid wages at rates not less than those prevailing on similar work in the locality, as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276a—276a-5, known as the Davis-Bacon Act); and the Secretary of Labor shall have with respect to any labor standards specified in this paragraph the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

(3) Such grants and contracts shall be subject to such additional requirements as the Secretary may by regulation prescribe.

(i) (1) For health services research, evaluation, and demonstration activities undertaken or supported under this part, there are authorized to be appropriated \$60,500,000 for the fiscal ending June 30, 1974, and \$65,200,000 for the fiscal year ending June 30, 1975. Of the funds appropriated under this paragraph for any fiscal year, not less than 25 per centum of such funds shall be made available only for health services research, evaluation, and demonstration activities directly undertaken by the Department under this part.

(2) For health statistical activities undertaken or supported under this part, there are authorized to be appropriated \$25,000,000 for the fiscal year ending June 30, 1974, and \$30,000,000 for the fiscal year ending June 30, 1975.

## PART B—FEDERAL-STATE COOPERATION

### IN GENERAL

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### [HEALTH CONFERENCES

[SEC. 312. A conference of the health authorities of the several States shall be called annually by the Secretary. Whenever in his opinion the interests of the public health would be promoted by a

conference, the Secretary may invite as many of such health authorities and officials of other State or local public or private agencies, institutions, or organizations to confer as he deems necessary or proper. Upon the application of health authorities of five or more States it shall be the duty of the Secretary to call a conference of all State and Territorial health authorities joining in the request. Each State represented at any conference shall be entitled to a single vote. Whenever at any such conference matters relating to mental health are to be discussed, and mental health authorities of the respective States shall be invited to attend.

[SEC. 312a. There shall be a collection of the statistics of the births and deaths in registration areas annually, the date for which shall be obtained only from and restricted to such registration records of such States and municipalities as in the discretion of the Secretary of Health, Education, and Welfare possess records affording satisfactory data in necessary detail, the compensation for the transcription of which shall not exceed 4 cents for each birth or death reported; or a minimum compensation of \$25 may be allowed in the discretion of the Secretary of Health, Education, and Welfare, in States or cities registering less than five hundred deaths or five hundred births during the preceding year.]

#### [COLLECTION OF VITAL STATISTICS]

[SEC. 313. To secure uniformity in the registration of mortality, morbidity, and vital statistics the Secretary shall prepare and distribute suitable and necessary forms for the collection and compilation of such statistics which shall be published as a part of the health reports published by the Secretary.]

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#### TRAINEESHIPS FOR PROFESSIONAL PUBLIC HEALTH PERSONNEL

[SEC. 306.] *SEC. 312. (a)* There are hereby authorized to be appropriated for the fiscal year ending June 30, 1957, and for each of the next twelve fiscal years, such sums as the Congress may determine, but not to exceed \$4,500,000 for the fiscal year ending June 30, 1965, \$7,000,000 for the fiscal year ending June 30, 1966, \$8,000,000 for the fiscal year ending June 30, 1967, \$10,000,000 each for the fiscal year ending June 30, 1968, and the two succeeding fiscal years, \$14,000,000 for the fiscal year ending June 30, 1971, \$16,000,000 for the fiscal year ending June 30, 1972, \$18,000,000 for the fiscal year ending June 30, 1973, and \$10,300,000 for the fiscal year ending June 30, 1974, to cover the cost of traineeships for graduate or specialized training in public health for physicians, engineers, nurses, sanitarians, and other professional health personnel.

(b) Traineeships under this section may be awarded by the [Surgeon General] *Secretary* either (1) directly to individuals whose applications for admission have been accepted by the public or other nonprofit institutions providing the training, or (2) through grants to such institutions.

(c) Payments under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions, as the [Surgeon General] *Secretary* finds necessary. Such payments to

institutions may be used only for traineeships, and payments under this section with respect to any traineeship shall be limited to such amounts as the [Surgeon General] *Secretary* finds necessary to cover the cost of tuition and fees, and a stipend and allowances (including travel and subsistence expenses) for the trainee.

(d) The [Surgeon General] *Secretary* shall appoint an expert advisory committee, composed of persons representative of the principal health specialties in the fields of public health administration and training, to advise him in connection with the administration of this section and section [309] 313 including the development of program standards and policies and including, in the case of section [309], 313, certification to the [Surgeon General] *Secretary* of projects which it has reviewed and approved.

[(e)] The Surgeon General shall, between June 30, 1958, and December 1, 1958, call a conference broadly representative of the professional and training groups interested in and informed about training of professional public health personnel, and including members of the advisory committee appointed pursuant to subsection (d), to assist him in appraising the effectiveness of the traineeships under this section in meeting the needs for trained public health personnel; in considering modifications in this section, if any, which may be desirable to increase its effectiveness; and in considering the most effective distribution of responsibilities between Federal and State governments with respect to the administration and support of public health training. The Surgeon General shall submit to the Congress, on or before January 1, 1959, a report of such conference, including any recommendations by it relating to the limitation, extension, or modification of this section. The Surgeon General shall, between June 30, 1963, and December 1, 1963, call a similar conference, and shall submit to the Congress, on or before January 1, 1964, a report of such conference, including any recommendations by it relating to the limitation, extension, or modification of this section. The Surgeon General shall, between June 30, 1967, and December 1, 1967, call a similar conference, and shall submit to the Congress, on or before January 1, 1968, a report of such conference, including any recommendations by it relating to the limitation, extension, or modification of this section.]

[(f)](e) Except as otherwise provided in this section, nothing contained in this section shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over the personnel or curriculum of any training institution.

#### PROJECT GRANTS FOR GRADUATE TRAINING IN PUBLIC HEALTH

[SEC. 309.] SEC. 313. (a) In order to enable the [Surgeon General] *Secretary* to make project grants to schools of public health, and to other public or nonprofit private institutions providing graduate or specialized training in public health, for the purpose of strengthening or expanding graduate or specialized public health training in such institutions, there are hereby authorized to be appropriated not to exceed \$2,000,000 for each fiscal year in the period beginning July 1, 1960, and ending June 30, 1964, \$2,500,000 for the fiscal year ending June 30, 1965, \$4,000,000 for the fiscal year ending June

30, 1966, \$5,000,000 for the fiscal year ending June 30, 1967, \$7,000,000 for the fiscal year ending June 30, 1972, \$16,000,000 for the fiscal year ending June 30, 1969, \$8,500,000 for the fiscal year ending June 30, 1970, \$14,000,000 for the fiscal year ending June 30, 1971, \$15,000,000 for the fiscal year ending June 3, 1972, \$16,000,000 for the fiscal year ending June 30, 1973, and \$6,500,000 for the fiscal year ending June 30, 1974.

(b) Grants to institutions under subsection (a) of this section may be made only for those projects which are recommended by the advisory committee appointed pursuant to section [306(d).] (312(d)). Any grant for a project made from an appropriation under this section for any fiscal year may include such amounts for carrying out such projects during succeeding years. Payment pursuant to such grants may be made in advance or by way of reimbursement and in such installments as the [Surgeon General] *Secretary* shall prescribe by regulations after consultation with representatives of such institutions.

(c) There are also authorized to be appropriated \$7,000,000 for the fiscal year ending June 30, 1970, \$9,000,000 for the fiscal year ending June 30, 1971, \$12,000,000 for the fiscal year ending June 30, 1972, \$15,000,000 for the fiscal year ending June 30, 1973, and \$6,500,000 for the fiscal year ending June 30, 1974, to enable the [Surgeon General] *Secretary* to make grants, under such terms and conditions as may be prescribed by regulations, for provision, in public or nonprofit private schools of public health accredited by a body or bodies recognized by the [Surgeon General] *Secretary*, of comprehensive professional training, specialized consultive services, and technical assistance in the fields of public health and in the administration of State or local public health programs, except that in allocating funds made available under this subsection among such schools of public health, the [Surgeon General] *Secretary* shall give primary consideration to the number of federally sponsored students attending each such school.

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#### [HEALTH EDUCATION AND INFORMATION]

[SEC. 315. From time to time the Secretary shall issue information related to public health, in the form of publications or otherwise, for the use of the public, and shall publish weekly reports of health conditions in the United States and other countries and other pertinent health information for the use of persons and institutions engaged in work related to the functions of the Service.]

#### HEALTH SERVICES FOR DOMESTIC AGRICULTURAL MIGRANTS

SEC. [310] 319. There are hereby authorized to be appropriated not to exceed \$7,000,000 for the fiscal year ending June 30, 1966, \$8,000,000 for the fiscal year ending June 30, 1967, \$9,000,000 each for the fiscal year ending June 30, 1968, and the next fiscal year, \$15,000,000 for the fiscal year ending June 30, 1970, \$20,000,000 for the fiscal year ending June 30, 1971, \$25,000,000 for the fiscal year ending June 30, 1972, \$30,000,000 for the fiscal year ending June 30, 1973, and \$26,750,000 for the fiscal year ending June 30, 1974, to enable the Secretary (1) to make grants to public and other nonprofit agencies, institutions, and organizations for paying part of the cost of (i) establishing and



operating family health service clinics for domestic agricultural migratory workers and their families, including training persons (including allied health professions personnel) to provide services in the establishing and operating of such clinics, and (ii) special projects to improve and provide a continuity in health services for and to improve the health conditions of domestic agricultural migratory workers and their families, including necessary hospital care, and including training persons (including allied health professions personnel) to provide health services for or otherwise improve the health conditions of such migratory workers and their families, and (2) to encourage and cooperate in programs for the purpose of improving health services for or otherwise improving the health conditions of domestic agricultural migratory workers and their families. The Secretary may also use funds appropriated under this section to provide health services to persons (and their families) who perform seasonal agricultural services similar to the services performed by domestic agricultural migratory workers if the Secretary finds that the provision of health services under this sentence will contribute to the improvement of the health conditions of such migratory workers and their families. For the purposes of assessing and meeting domestic migratory agricultural workers' health needs, developing necessary resources, and involving local citizens in the development and implementation of health care programs authorized by this section, the Secretary must be satisfied, upon the basis of evidence supplied by each applicant, that persons broadly representative of all elements of the population to be served and others in the community knowledgeable about such needs have been given an opportunity to participate in the development of such programs, and will be given an opportunity to participate in the implementation of such programs.

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## PART J—ASSISTANCE TO MEDICAL LIBRARIES

### DECLARATION OF POLICY [AND], STATEMENT OF PURPOSE, AND AUTHORIZATION OF APPROPRIATIONS

SEC. 390. (a) The Congress hereby finds and declares that (1) the unprecedented expansion of knowledge in the health sciences within the past two decades has brought about a massive growth in the quantity, and major changes in the nature of, biomedical information, materials, and publications; (2) there has not been a corresponding growth in the facilities and techniques necessary adequately to coordinate and disseminate among health scientists and practitioners the ever-increasing volume of knowledge and information which has been developed in the health science field; (3) much of the value of the ever-increasing volume of knowledge and information which has been, and continues to be, developed in the health science field will be lost unless proper measures are taken in the immediate future to develop facilities and techniques necessary to collect, preserve, store, process, retrieve, and facilitate the dissemination and utilization, of such knowledge and information.

(b) It is therefore the policy of this part to—

[ (1) assist in the construction of new, and the renovation, expansion, or rehabilitation of existing medical library facilities; ]

**[2]** (1) assist in the training of medical librarians and other information specialists in the health sciences;

**[3]** (2) assist, through grants to physicians and other practitioners in the sciences related to health, to scientists, and to public or nonprofit private institutions on behalf of such physicians, other practitioners, and scientists, in the compilation of existing, and the creation of additional, written matter which will facilitate the distribution and utilization of knowledge and information relating to scientific, social, and cultural advancements in sciences related to health;

**[4]** (3) assist in the conduct of research, investigations, and demonstrations in the field of medical library science and related activities, and in the development of new techniques, systems, and equipment for processing, storing, retrieving, and distributing information in the sciences related to health;

**[5]** (4) assist in establishing expanding, and improving the basic resources of medical libraries and related facilities;

**[6]** (5) assist in the development of a national system of regional medical libraries each of which would have facilities of sufficient depth and scope to supplement the services of other medical libraries within the region served by it; and

**[7]** (6) provide financial support to biomedical scientific publications.

(c) *For the purpose of grants and contracts under sections 393, 394, 395, 396, and 397, there are authorized to be appropriated \$15,000,000 for the fiscal year ending June 30, 1974, \$17,500,000 for the fiscal year ending June 30, 1975, and \$20,000,000 for the fiscal year ending June 30, 1976.*

#### DEFINITIONS

SEC. 391. As used in this part—

(1) the term “sciences related to health” includes medicine, osteopathy, dentistry, and public health, and fundamental and applied sciences when related thereto.

(2) the terms “National Medical Libraries Assistance Advisory Board” and “Board” mean the Board of Regents of the National Library of Medicine established under section 383(a) of this Act, and

**[3]** the terms “construction” and “cost of construction”, when used with reference to any medical library facility, include (A) the construction of new buildings, and the expansion, remodeling, and alteration of existing buildings, including architects’ fees, but not including the cost of acquisition of land or off-site improvements, and (B) equipping new buildings and existing buildings (whether or not expanded, remodeled, or altered) for use as a library (including provision of automatic data processing equipment), but not with books, pamphlets or related material;

**[4]** (3) the term “medical library” means a library related to the sciences related to health.

#### NATIONAL MEDICAL LIBRARIES ASSISTANCE BOARD

SEC. 392. (a) The Board of Regents of the National Library of Medicine established pursuant to section 383(a) shall, in addition to its

functions prescribed under section 383, constitute and serve as the National Medical Libraries Assistance Advisory Board (hereinafter in this part referred to as the "Board").

[(b) The Board shall—

[(1) advise and assist the Secretary in the preparation of general regulations and with respect to policy matters arising in the administration of this part, and

[(2) consider all applications for construction grants under this part and make to the Secretary such recommendations as it deems advisable with respect to (A) the approval of such applications, and (B) the amount which should be granted to each applicant whose application, in its opinion, should be approved.]

*(b) The Board shall advise and assist the Secretary in the preparation of general regulations and with respect to policy matters arising in the administration of this part.*

(c) The Secretary is authorized to use the services of any member or members of the Board, in connection with matters related to the administration of this part for such periods, in addition to conference periods, as he may determine.

(d) Appointed members of the Board who are not otherwise in the employ of the United States, while attending conferences of the Board or otherwise serving at the request of the Secretary in connection with the administration of this part, shall be entitled to receive compensation, per diem in lieu of subsistence, and travel expenses in the same manner and under the same conditions as that prescribed under section 383(d) when attending conferences, traveling, or serving at the request of the Secretary in connection with the administration of part I.

#### [ASSISTANCE FOR CONSTRUCTION OF FACILITIES

[SEC. 393. (a) In carrying out the purposes of section 390(b)(1), the Secretary may, upon application of any public or private nonprofit agency or institution, make grants to such agency or institution toward the cost of construction of any medical library facility to be constructed by such agency or institution.

[(b) A grant under this section may be made only if the application therefor is recommended for approval by the Board and is approved by the Secretary upon his determination that—

[(1) the application contains or is supported by reasonable assurances that (A) for not less than twenty years after completion of construction, the facility will be used as a medical library facility, (B) sufficient funds will be available to meet the non-Federal share of the cost of constructing the facility, and (C) sufficient funds will be available, when construction is completed, for effective use of the facility for the purpose for which it is being constructed;

[(2) the proposed construction is necessary to meet the demonstrated needs for additional or improved medical library facilities in the community or area in which the proposed construction is to take place;

[(3) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractor

or subcontractor in the performance of work on projects of the type covered by the Davis-Bacon Act, as amended, will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 64 Stat. 1267), and section 42 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

[(c) In acting upon applications for grants under this section, the Board and the Secretary shall take into consideration the relative effectiveness of the proposed facilities in meeting demonstrated needs for additional or improved medical library services.

[(d) The amount of any grant made under this section shall be that recommended by the Board or such lesser amount as the Secretary determines to be appropriate; except that in no event may such amount exceed 75 per centum of the necessary cost of the construction of such facility as determined by him.

[(e) Upon approval of any application for a grant under this section, the Secretary shall reserve, from any appropriation available therefor, the amount of such grant as determined under subsection (e), and shall pay such amount, in advance or by way of reimbursement, and in such installments consistent with construction progress, as he may determine. Such payments shall be made through the disbursement's facilities of the Department of the Treasury. The Secretary's reservation of any amount under this subsection may be amended by him, either upon approval of an amendment of the application or upon revision of the estimated cost of construction of the facility.

[(f) In determining the amount of any grant under this section, there shall be excluded from the cost of construction an amount equal to the sum of (1) the amount of any other Federal grant which the applicant has obtained, or is assured of obtaining, with respect to the construction which is to be financed in part by grants authorized under this section, and (2) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant.

[(g) If, within twenty years after completion of any construction for which funds have been paid under this section—

[(1) the applicant or other owner of the facility shall cease to be a public or nonprofit institution, or

[(2) the facility shall cease to be used for medical library purposes, unless the Secretary determines, in accordance with regulations prescribed by him after consultation with the Board, that there is good cause for releasing the applicant or other owner from the obligation to do so,

the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the then value (as determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated) of the facility, as the amount of the Federal participation bore to the cost of construction of such facility.

[(h) For the purposes of carrying out the provisions of this section, there are authorized to be appropriated \$11,000,000 for the fiscal year



ending June 30, 1971, \$12,000,000 for the fiscal year ending June 30, 1972, and \$13,000,000 for the fiscal year ending June 30, 1973.】

#### GRANTS FOR TRAINING IN MEDICAL LIBRARY SCIENCES

【SEC. 394.】 *SEC. 393.* (a) 【In order to enable the Secretary to carry out the purposes of section 390(b) (2), there are authorized to be appropriated \$1,500,000 for the fiscal year ending June 30, 1971, \$1,750,000 for the fiscal year ending June 30, 1972, \$2,000,000 for the fiscal year ending June 30, 1973, and \$1,500,000 for the fiscal year ending June 30, 1974. Sums made available under this section shall be utilized by the Secretary in making】 *To carry out the purposes of section 390 (b) (1), the Secretary shall make grants—*

(1) to individuals to enable them to accept traineeships and fellowships leading to postbaccalaureate academic degrees in the field of medical library science, in related fields pertaining to sciences related to health, or in the field of the communication of information;

(2) to individuals who are librarians or specialists in information on sciences relating to health, to enable them to undergo intensive training or retraining so as to attain greater competence in their occupations (including competence in the fields of automatic data processing and retrieval);

(3) to assist appropriate public and private nonprofit institutions in developing, expanding, and improving, training programs in library science and the field of communications of information pertaining to sciences relating to health; and

(4) to assist in the establishment of internship programs in established medical libraries meeting standards which the Secretary shall prescribe.

(b) Payment pursuant to grants made under this section may be made in advance or by way of reimbursement and in such installments as the Secretary shall prescribe by regulations after consultation with the Board.

#### ASSISTANCE FOR SPECIAL SCIENTIFIC PROJECTS, AND FOR RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE AND RELATED FIELDS

【SEC. 395.】 *SEC. 394.* (a) 【In order to enable the Secretary to carry out the purposes of section 390(b) (3), there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1966, and ending with the fiscal year ending June 30, 1973, such sums, not to exceed \$500,000 for any fiscal year, as may be necessary. To enable the Secretary to carry out such purposes, there is authorized to be appropriated \$95,000 for the fiscal year ending June 30, 1974. Sums made available under this subsection shall be utilized by the Secretary to】 *To carry out the purposes of section 390 (b) (2), the Secretary shall make grants to physicians and other practitioners in the sciences related to health, to scientists, and to public or nonprofit private institutions on behalf of such physicians, or other practitioners, and scientists for the compilation of existing, or writing of original, contributions relating to scientific, social, or cultural, advancements in sciences related to health. In making such*

grants, the Secretary shall make appropriate arrangements whereby the facilities of the National Library of Medicine and the facilities of libraries of public and private nonprofit institutions of higher learning may be made available in connection with the projects for which such grants are made.

(b) [In order to enable the Secretary to carry out the purposes of section 390(b)(4), there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1966, and ending with the fiscal year ending June 30, 1973, such sums, not to exceed \$3,000,000 for any fiscal year, as may be necessary. To enable the Secretary to carry out such purposes, there is authorized to be appropriated \$900,000 for the fiscal year ending June 30, 1974.] Sums made available under this subsection shall be utilized by the Secretary in making [To carry out the purposes of section 390(b)(3), the Secretary shall make grants to appropriate public or private nonprofit institutions and [entering into contracts] enter into contracts with appropriate persons, for purposes of carrying out projects of research, investigations, and demonstrations in the field of medical library science and related activities and for the development of new techniques, systems and equipment, for processing, storing, retrieving, and distributing information pertaining to sciences related to health.

(c) Payment pursuant to grants made under this section may be in advance or by way of reimbursement and in such installments as the Secretary shall prescribe by regulations after consultation with the Board.

GRANTS FOR ESTABLISHING, EXPANDING, AND IMPROVING THE BASIC RESOURCES OF MEDICAL LIBRARIES AND RELATED INSTRUMENTALITIES

[SEC. 396. (a) In order to enable the Secretary to carry out the purposes of section 390(b)(5), there are authorized to be appropriated \$3,500,000 for the fiscal year ending June 30, 1971, \$4,000,000 for the fiscal year ending June 30, 1972, \$4,500,000 for the fiscal year ending June 30, 1973, and \$2,705,000 for the fiscal year ending June 30, 1974.]

[(b)] SEC. 395. (a) [Sums made available under this section shall be utilized by the Secretary for making] To carry out the purposes of section 390(b)(4), the Secretary shall make grants of money, materials, or both, to public or private nonprofit medical libraries and related scientific communication instrumentalities for the purpose of establishing, expanding, and improving their basic medical library or related resources. The uses for which grants so made may be employed include, but are not limited to, the following: [(A)](1) acquisition of books, journals, photographs, motion picture and other films, and other similar materials, [(B)](2) cataloging, binding and other services and procedures for processing library resource materials for use by those who are served by the library or related instrumentality, and [(C)](3) acquisition of duplication devices, facsimile equipment, film projectors, recording equipment and other equipment to facilitate the use of the resources of the library or related instrumentality by those who are served by it, and [(D)](4) introduction of new technologies in medical librarianship.

[(c)](b) (1) The amount of any grant under this section to any medical library or related instrumentality shall be determined by the Secretary on the basis of the scope of library or related services

provided by such library or instrumentality in relation to the population and purposes served by it. In making a determination of the scope of services served by any medical library or related instrumentality, the Secretary shall take into account the following factors—

(A) the number of graduate and undergraduate students making use of the resources of such library or instrumentality;

(B) the number of physicians and other practitioners in the sciences related to health utilizing the resources of such library or instrumentality;

(C) the type of supportive staffs, if any, available to such library or instrumentality;

(D) the type, size, and qualifications of the faculty of any school with which such library or instrumentality is affiliated;

(E) the staff of any hospital or hospitals or of any clinic or clinics with which such library or instrumentality is affiliated; and

(F) the geographic area served by such library or instrumentality and the availability, within such area, of medical library or related services provided by other libraries or related instrumentalities.

(2) In no case shall any grant under this section to a medical library or related instrumentality for any fiscal year exceed \$200,000; and grants to such medical libraries or related instrumentalities shall be in such amounts as the Secretary may by regulation prescribe with a view to assuring adequate continuing financial support for such libraries or instrumentalities from other sources during and after the period for which Federal assistance is provided.

#### GRANTS AND CONTRACTS FOR ESTABLISHMENT OF REGIONAL MEDICAL LIBRARIES

**[SEC. 397.] SEC. 396.** (a) **[In order to enable the Secretary to carry out the purposes of section 390 (b) (6), there are authorized to be appropriated \$3,000,000 for the fiscal year ending June 30, 1971, \$3,250,000 for the fiscal year ending June 30, 1972, \$3,500,000 for the fiscal year ending June 30, 1973, and \$2,902,000 for the fiscal year ending June 30, 1974. Sums made available under this section shall be utilized by the Secretary, with the advice of the Board, to make]** *To carry out the purposes of section 390 (b) (5), the Secretary, with the advice of the Board, shall make grants to existing public or private nonprofit medical libraries so as to enable each of them to serve as the regional medical library for the geographical area in which it is located.*

(b) The uses for which grants made under this section may be employed include, but are not limited to, the following—

(1) acquisition of books, journals, and other similar materials;

(2) cataloging, binding, and other procedures for processing library resource materials for use by those who are served by the library;

(3) acquisition of duplicating devices and other equipment to facilitate the use of the resources of the library by those who are served by it;

(4) acquisition of mechanisms and employment of personnel for the speedy transmission of materials from the regional library to local libraries in the geographic area served by the regional library; *and*

(5) planning for services and activities under this section [; and].

[(6) construction, renovation, rehabilitation, or expansion of physical plant considered necessary by such library to carry out its proper functions as a regional library.]

\* \* \* \* \*

(d) [Grants under this section for construction, renovation, rehabilitation, or expansion of physical plant shall be made in the same manner and subject to the same conditions as are provided for grants made under section 393, except that the eligibility for any such grant would be determined on the basis of the construction requirements of the library so as to be able to serve as a regional medical library.] Grants under this section for basic resource materials to a library may not exceed 50 per centum of the Library's annual operating expense (exclusive of Federal financial assistance under this part) for the preceding year; or in case of the first year in which the library receives a grant under this section for basic resource materials, 50 per centum of its average annual operating expenses over the past three years (or if it had been in operation for less than three years, its annual operating expenses determined by the Secretary in accordance with regulations prescribed by him).

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#### FINANCIAL SUPPORT OF BIOMEDICAL SCIENTIFIC PUBLICATIONS

[SEC. 398.] SEC. 397. (a) [In order to enable the Secretary to carry out the purposes of section 390(b)(7), there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1966, and ending with the fiscal year ending June 30, 1973, such sums, not to exceed \$1,000,000 for any fiscal year, as may be necessary. To enable the Secretary to carry out such purposes, there is authorized to be appropriated \$340,000 for the fiscal year ending June 30, 1974.

Sums made available under this section shall be utilized by the Secretary, with the advice of the Board, in making grants to, and entering] *To carry out the purposes of section 390(b)(6), the Secretary, with the advice of the Board, shall make grants to, and enter into appropriate contracts with, public or private nonprofit institutions of higher education and individual scientists for the purpose of supporting biomedical scientific publications of a nonprofit nature and to procure the compilation, writing, editing, and publication of reviews, abstracts, indices, handbooks, bibliographies, and related matter pertaining to scientific works and scientific developments.*

\* \* \* \* \*

#### CONTINUING AVAILABILITY OF APPROPRIATED FUNDS

[SEC. 399.] SEC. 398. Funds appropriated to carry out any of the purposes of this part of any fiscal year shall remain available for such



purposes for the fiscal year immediately following the fiscal year for which they were appropriated.

#### RECORDS AND AUDIT

【SEC. 399a.】 *SEC. 399.* (a) Each recipient of a grant under this part shall keep such records as the Secretary shall prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such grant, the total cost of the project or undertaking in connection with which such grant is given or used, and the amount of that portion of the cost of the project or undertaking supplied by other sources, and such other records as will facilitate an effective audit.

(b) The Secretary of Health, Education, and Welfare and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, are pertinent to any grant received under the provisions of this part.

#### 【TRANSFERABILITY OF FUNDS

【SEC. 399b. (a) Notwithstanding any other provision of this part, whenever there is appropriated any amount for any fiscal year (beginning with the fiscal year ending June 30, 1971) to carry out any particular program or activity authorized by this part, the Secretary shall have the authority to transfer sums from such amount, for the purpose of carrying out one or more of the other programs or activities authorized by this part; except that—

【(1) the aggregate of the sums so transferred from any such amount shall not exceed 10 per centum thereof,

【(2) the aggregate of such sums so transferred to carry out any such program or activity for any fiscal year shall not exceed 20 per centum of the amount appropriated to carry out such program or activity for such year, and

【(3) sums may not be transferred for any fiscal year to carry out any such program or activity if such transfer would result in there being available (from appropriated funds plus the sums so transferred) to carry out such program or activity for such year amounts to excess of the amounts authorized to be appropriated for such year to carry out such program or activity.

【(b) Any sums transferred under subsection (a) for any fiscal year for the purpose of carrying out any program or activity shall remain available for such purpose to the same extent as are funds which are specifically appropriated for such purpose for such year.】

### TITLE IV—NATIONAL RESEARCH INSTITUTES

#### PART A—GENERAL RESEARCH AUTHORITY

##### GENERAL BIOMEDICAL RESEARCH AUTHORITY

*SEC. 400. (a) The Secretary shall conduct, shall encourage, cooperate with, and render assistance to appropriate public entities, scientific institutions, and scientists in the conduct of, and shall pro-*

mote the coordination of, biomedical research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man. In carrying out this section the Secretary is authorized to do the following:

(1) Collect and make available, through publications and other appropriate means, information as to, and the practical application of, such research and other activities.

(2) Make available research facilities of the Department to appropriate public authorities and to health officials and scientists engaged in special study.

(3) Establish and maintain research fellowships with such stipends and allowances (including traveling and subsistence expenses and dependency allowances) as he may deem necessary to procure the assistance of the most brilliant and promising research fellows from the United States and abroad.

(4) Make grants (A) to universities, hospitals, laboratories, and other public or private institutions, and to individuals, for such research or research training projects as are recommended by the National Advisory Health Council (except that projects respecting cancer must be recommended by the National Cancer Advisory Board, mental health projects must be recommended by the National Advisory Mental Health Council, projects respecting heart and lung diseases must be recommended by the National Heart and Lung Advisory Council, alcohol abuse and alcoholism projects must be recommended by the National Advisory Council on Alcohol Abuse and Alcoholism, and projects respecting dental diseases and conditions must be recommended by the National Advisory Dental Research Council), and (B) upon recommendation of the National Advisory Health Council, to public or non-profit universities, hospitals, laboratories, and other institutions for the general support of their research and research training programs. Such uniform percentage, not to exceed 15 per centum, as the Secretary may determine, of the amounts provided for grants for research or research training projects for any fiscal year through the appropriations for the National Institutes of Health may be transferred from such appropriations to a separate account to be available for such research and research training program grants for such fiscal year.

(5) Make grants to State or local agencies, laboratories, and other public or nonprofit agencies and institutions, and to individuals, for investigations, experiments, demonstrations, studies, and research projects with respect to the development of improved methods of diagnosing mental illness, and of care, treatment, and rehabilitation of the mentally ill, including grants to State agencies responsible for administration of State institutions for care, or care and treatment, of mentally ill persons for developing and establishing improved methods of operations and administration of such institutions.

(6) Secure, from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad.

(7) For purposes of study, admit and treat at institutions, hospitals, and stations of the Service persons not otherwise eligible for such treatment.

(8) *Make available, to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods to experiments, studies, and surveys in health and medical fields.*

(9) *Enter into contracts during the fiscal year ending June 30, 1966, and each of the eight succeeding fiscal years, including contracts for research in accordance with and subject to the provisions of law applicable to contracts entered into by the military departments under title 10, United States Code, sections 2353 and 2354, except that determination, approval, and certification required thereby shall be by the Secretary of Health, Education, and Welfare.*

(10) *Upon the recommendation of the National Advisory Health Council (or of the National Cancer Advisory Board in the case of activities respecting cancer, of the National Advisory Mental Health Council in the case of activities respecting mental health, of the National Heart and Lung Advisory Council in the case of activities respecting heart and lung diseases, the National Advisory Council on Alcohol Abuse and Alcoholism in the case of activities respecting alcohol abuse and alcoholism, or of the National Advisory Dental Research Council in the case of activities respecting dental diseases and conditions) take such additional action as he deems necessary or appropriate to carry out the purposes of this section.*

*For the purpose of advancing the status of the medical sciences in the United States (and thereby the health of the American people), the Secretary may participate with other countries in cooperative endeavors in the research activities authorized by this subsection; and in connection with such endeavors, the Secretary shall have the same authorities as is provided by section 303(b) for cooperative endeavors under section 303(a).*

(b) *The Secretary may authorize persons engaged in research on the use and effect of drugs to protect the privacy of individuals who are the subject of such research by withholding from all persons not connected with the conduct of such research the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals.*

## PART [A] B—NATIONAL CANCER INSTITUTE

### TO BE A DIVISION IN NATIONAL INSTITUTES OF HEALTH

SEC. 402. (a) In carrying out the purposes of section [301] 400 with respect to cancer, the Surgeon General, through the National Cancer Institute and in cooperation with the National Cancer Advisory Board, shall—

(1) *conduct, assist, and foster researches, investigations, experiments, and studies relating to the cause, prevention, and methods of diagnosis and treatment of cancer;*

(2) *promote the coordination of researches conducted by the Institute and similar researches conducted by other agencies, organizations, and individuals;*

- (3) provide training and instruction in technical matters relating to the diagnosis and treatment of cancer;
- (4) provide fellowships in the Institute from funds appropriated or donated for such purpose;
- (5) secure for the Institute consultation services and advice of cancer experts from the United States and abroad;
- (6) cooperate with State health agencies in the prevention, control, and eradication of cancer;
- (7) procure, use, and lend radium as provided in section 403.

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#### ADMINISTRATION

SEC. 403. (a) In carrying out the provisions of section 402 all appropriate provisions of section [301] 400 shall be applicable to the authority of the Surgeon General, and he is authorized—

(1) to purchase radium, from time to time without regard to section 3709 of the Revised Statutes, to make such radium available for the purposes of this part, moth to the Service and by loan to other agencies and institutions for such consideration and subject to such conditions as he may prescribe;

(2) to provide the necessary facilities where training and instruction may be given in all technical matters relating to diagnosis and treatment of cancer to persons found by the Surgeon General to have proper technical qualifications, and designated by him for such training or instruction, and to fix and pay them a per diem allowance during such training or instruction of not to exceed \$10.

### PART [B] C—NATIONAL HEART AND LUNG INSTITUTE

#### ESTABLISHMENT OF INSTITUTE

SEC. 411. There is hereby established in the Public Health Service a National Heart and Lung Institute (hereafter in this part referred to as the "Institute").

#### RESEARCH AND TRAINING IN DISEASES OF THE HEART, BLOOD VESSELS, LUNGS, AND BLOOD

SEC. 412. In carrying out the purposes of section [301] 400 with respect to heart, blood vessel, lung, and blood diseases the Secretary through the Institute and in cooperation with the National Heart and Lung Advisory Council (hereinafter in this part referred to as the "Council"), shall—

(1) conduct, assist, and foster researches, investigations, experiments, and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of heart, blood vessel, lung, and blood diseases;

(2) promote the coordination of research and control programs conducted by the Institute, and similar programs conducted by other agencies, organizations, and individuals;

(3) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special studies related to the purposes of this part;

(4) make grants-in-aid to universities, hospitals, laboratories,



and other public or private agencies and institutions, and to individuals for such research projects relating to heart, blood vessel, lung, and blood diseases as are recommended by the Council, including grants to such agencies and institutions for the construction, acquisition, leasing, equipment, and maintenance of such hospital, clinic, laboratory, and related facilities, and for the care of such patients therein, as are necessary for such research;

(5) establish an information center on research, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases, and collect and make available, through publications and other appropriate means, information as to, and the practical application of, research and other activities carried on pursuant to this part;

(6) secure from time to time, and for such periods as he deems advisable, the assistance and advice of persons from the United States or abroad who are experts in the field of heart diseases;

(7) in accordance with regulations and from funds appropriated or donated for the purpose (1) establish and maintain research fellowships in the Institute and elsewhere with such stipends and allowances (including travel and subsistence expenses) as he may deem necessary to train research workers and procure the assistance of the most brilliant and promising research fellows from the United States and abroad, and, in addition, provide for such fellowships through grants, upon recommendation of the Council, to public and other nonprofit institutions; and (2) provide training and instruction and establish and maintain traineeships, in the Institute and elsewhere in matters relating to the diagnosis, prevention, and treatment of heart, blood vessel, lung, and blood diseases with such stipends and allowances (including travel and subsistence expenses) for trainees as he may deem necessary, the number of persons receiving such training and instruction, and the number of persons holding such traineeships, to be fixed by the Council, and, in addition, provide for such training, instruction, and traineeships through grants, upon recommendation of the Council, to public and other nonprofit institutions.

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#### ADMINISTRATION

SEC. 419A. (a) In carrying out the provisions of section 412 all appropriate provisions of section [301] 400 shall be applicable to the authority of the Secretary, and except as provided in subsection (c), grants-in-aid for heart, blood vessel, lung, and blood disease research and training projects shall be made only after review and recommendation of the Council made pursuant to section 414.

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#### PART [C] D—NATIONAL INSTITUTE OF DENTAL RESEARCH

##### ESTABLISHMENT OF INSTITUTE

SEC. 421. There is hereby established in the Public Health Service a National Institute of Dental Research (hereafter in this part referred to as the "Institute").

## DENTAL DISEASE RESEARCH AND TRAINING

SEC. 422. In carrying out the purposes of section [301] 400 with respect to dental diseases and conditions the Surgeon General, through the Institute and in cooperation with the National Advisory Dental Research Council (hereafter in this part referred to as the "Council"), shall—

(a) conduct, assist, and foster researches, investigations, experiments, and studies relating to the cause, prevention, and methods of diagnosis and treatment of dental diseases and conditions;

(b) promote the coordination of researches conducted by the Institute, and similar researches conducted by other agencies, organizations, and individuals;

(c) provide fellowships in the Institute from funds appropriated or donated for the purpose;

(d) secure for the Institute consultation services and advice of persons from the United States or abroad who are experts in the field of dental diseases and conditions;

(e) cooperate with State health agencies in the prevention and control of dental diseases and conditions; and

(f) provide training and instruction and establish and maintain traineeships, in the Institute and elsewhere in matters relating to the diagnosis, prevention, and treatment of dental diseases and conditions with such stipends and allowances (including travel and subsistence expenses) for trainees as he may deem necessary, the number of persons receiving such training and instruction, and the number of persons holding such traineeships, to be fixed by the Council, and, in addition, provide for such training, instruction, and traineeships through grants, upon recommendations of the Council, to public and other nonprofit institutions.

## ADMINISTRATION

SEC. 423. (a) In carrying out the provisions of section 422 all appropriate provisions of section [301] 400 shall be applicable to the authority of the Surgeon General, and grants-in-aid for dental research and training projects shall be made only after review and recommendation of the Council made pursuant to section 424.

(b) The Surgeon General shall recommend to the Secretary acceptance of conditional gifts, pursuant to section 501, for study, investigation, or research into the cause, prevention, or methods of diagnosis or treatment of dental diseases and conditions, or for the acquisition of grounds or for the erection, equipment, or maintenance of premises, buildings, or equipment of the Institute. Donations of \$50,000 or over for carrying out the purposes of this part may be acknowledged by the establishment within the Institute of suitable memorials to the donors.

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PART [D] E—NATIONAL INSTITUTE ON ARTHRITIS, RHEUMATISM, AND METABOLIC DISEASES, NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND STROKE, AND OTHER INSTITUTES

## ESTABLISHMENT OF INSTITUTES

SEC. 431. (a) The Surgeon General shall establish in the Public Health Service an institute for research on arthritis, rheumatism, and

metabolic diseases, and an institute for research on neurological diseases (including epilepsy, cerebral palsy, and multiple sclerosis) and blindness, and he shall also establish a national advisory council or committee for each such institute to advise, consult with, and make recommendations to him with respect to the activities of the institute with which each council or committee is concerned.

(b) The Surgeon General is authorized with the approval of the Secretary to establish in the Public Health Service one or more additional institutes to conduct and support scientific research and professional training relating to the cause, prevention, and methods of diagnosis and treatment of other particular diseases or groups of diseases (including poliomyelitis and leprosy) whenever the Surgeon General determines that such action is necessary to effectuate fully the purposes of section [301] 400 with respect to such disease or diseases. Any institute established pursuant to this subsection may in like manner be abolished and its functions transferred elsewhere in the Public Health Service upon a finding by the Surgeon General that a separate institute is no longer required for such purposes. In lieu of the establishment pursuant to this subsection of an additional institute with respect to any disease or diseases, the Surgeon General may expand the functions of any institute established under subsection (a) of this section or under any other provision of this Act so as to include functions with respect to such disease or diseases and to terminate such expansion and transfer the functions given such institute elsewhere in the Service upon a finding by the Surgeon General that such expansion is no longer necessary. In the case of any such expansion of an existing institute, the Surgeon General may change the title thereof so as to reflect its new functions.

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#### FUNCTIONS

SEC. 433. (a) Where an institute has been established under this part, the Surgeon General shall carry out the purposes of section [301] 400 with respect to the conduct and support of research relating to the disease or diseases to which the activities of the institute are directed through such institute and in cooperation with the national advisory council or committee established or expanded by reason of the establishment of such institute. In addition, the Surgeon General is authorized to provide training and instruction and establish and maintain traineeships and fellowships, in such institute and elsewhere, in matters relating to the diagnosis, prevention, and treatment of such disease or diseases with such stipends and allowances (including travel and subsistence expenses) for trainees and fellows as he may deem necessary, and, in addition, provide for such training, instruction, and traineeships and for such fellowships through grants to public and other nonprofit institutions. The provisions of this subsection shall also be applicable to any institute established by any other provision of this Act to the extent that such institute does not already have the authority conferred by this subsection.

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PART [E] F—INSTITUTES OF CHILD HEALTH AND HUMAN  
DEVELOPMENT AND OF GENERAL MEDICAL SCIENCES

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FUNCTIONS

SEC. 444. The Surgeon General shall, through an institute established under this part, carry out the purposes of section [301] 400 with respect to the conduct and support of research which is a function of such institute, except that the Surgeon General shall, with approval of the Secretary determine the areas in which and the extent to which he will carry out such purposes of section 301 through such institute or an institute established by or under other provisions of this Act, or both of them, when both such institutes have functions with respect to the same subject matter. The Surgeon General is also authorized to provide training and instruction and establish and maintain traineeships and fellowships, in the institute established under section 441 and elsewhere in matters relating to diagnosis, prevention, and treatment of a disease or diseases or in other aspects of maternal health, child health, and human development, with such stipends and allowances (including travel and subsistence expenses) for trainees and fellows as he deems necessary, and, in addition, provide for such training, instructions and traineeships and for such fellowships through grants to public or other nonprofit institutions.

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PART [F] G—NATIONAL EYE INSTITUTE

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FUNCTIONS

SEC. 453. The Secretary shall, through the National Eye Institute established under this part, carry out the purposes of section [301] 400 with respect to the conduct and support of research with respect to blinding eye diseases and visual disorders associated with general health and well-being, including the special health problems and requirements of the blind and the mechanism of sight and visual function, except that the Secretary shall determine the areas in which and the extent to which he will carry out such purposes of section [301] 400 through such Institute or an institute established by or under other provisions of this Act, or both of them, when both such institutes have functions with respect to the same subject matter. The Secretary is also authorized to provide training and instruction and establish and maintain traineeships and fellowships, in the National Eye Institute and elsewhere in matters relating to diagnosis, prevention, and treatment of blinding eye diseases and visual disorders with such stipends and allowances (including travel and subsistence expenses) for trainees and fellows as he deems necessary, and, in addition, provide for such training, instruction, and traineeships and for such fellowships through grants to public or other nonprofit institutions.



## PART [G] H—ADMINISTRATIVE PROVISIONS

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## CONTROLLED SUBSTANCES ACT

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## PART E—ADMINISTRATIVE AND ENFORCEMENT PROVISIONS

- Sec. 501. Procedures.
- Sec. 502. Education and research programs of the Attorney General.
- Sec. 503. Cooperative arrangements.
- Sec. 504. Advisory committees.
- Sec. 505. Administrative hearings.
- Sec. 506. Subpenas.
- Sec. 507. Judicial review.
- Sec. 508. Powers of enforcement personnel.
- Sec. 509. Search warrants.
- Sec. 510. Administrative inspections and warrants.
- Sec. 511. Forfeitures.
- Sec. 512. Injunctions.
- Sec. 513. Enforcement proceedings.
- Sec. 514. Immunity and privilege.
- Sec. 515. Burden of proof; liabilities.
- Sec. 516. Payments and advances.
- Sec. 517. *Studies respecting medical and scientific requirements for narcotics.*

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## PART E—ADMINISTRATIVE AND ENFORCEMENT PROVISIONS

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## PAYMENTS AND ADVANCES

SEC. 516. (a) The Attorney General is authorized to pay any person, from funds appropriated for the Bureau of Narcotics and Dangerous Drugs, for information concerning a violation of this title, such sum or sums of money as he may deem appropriate, without reference to any moieties or rewards to which such person may otherwise be entitled by law.

(b) Moneys expended from appropriations of the Bureau of Narcotics and Dangerous Drugs for purchase of controlled substances and subsequently recovered shall be reimbursed to the current appropriation for the Bureau.

(c) The Attorney General is authorized to direct the advance of funds by the Treasury Department in connection with the enforcement of this title.

## STUDIES RESPECTING MEDICAL AND SCIENTIFIC REQUIREMENTS FOR NARCOTICS

SEC. 517. *The Secretary shall conduct such studies and investigations as may be necessary to determine the quantities of crude opium, coca leaves, and their salts, derivatives, and preparations, and other drugs subject to control under this title and the Controlled Substances Import and Export Act, together with reserves thereof, as may be necessary to supply the normal and emergency medical and scientific requirements of the United States. The results of such studies and*

*investigations shall be reported not later than the 1st day of April of each year to the Attorney General, to be used at his discretion in determining manufacturing quotas or importation requirements under this title and the Controlled Substances Import and Export Act.*

## COMMUNITY MENTAL HEALTH CENTERS ACT

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### PART D—NARCOTIC ADDICTION, DRUG ABUSE, AND DRUG DEPENDENCE PREVENTION AND REHABILITATION

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#### SPECIAL PROJECTS FOR NARCOTIC ADDICTS AND DRUG DEPENDENT PERSONS

SEC. 256. (a) \* \* \*

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#### FEDERAL-STATE COOPERATION

*Sec. 257. For the purpose of encouraging States to provide adequate facilities and methods for the care and treatment of its narcotic addicts, the Secretary shall cooperate with States for purposes of aiding them to serve their narcotic drug problems and shall give authorized representatives of the States the benefit of his experience in the care, treatment, and rehabilitation of narcotic addicts.*